The nature of the automatic–voluntary dissociation in Foix–Chavany–Marie syndrome

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Received: 20 September 2021 / Accepted: 22 September 2021 / Published online: 23 January 2022
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Dear Editor,

We read with interest the article by Huysman et al. [1] on an interesting case with Foix–Chavany–Marie syndrome (FCMS). Such cases are indeed rare and merit reporting, especially if specific features are added to the typical clinical picture, as is the case in this manuscript. However, we were troubled by the confusion of the authors concerning the relation of FCMS with orofacial apraxia. More specifically the authors write: “He showed automatic–voluntary dissociation of the orofacial muscles causing buccofacial and swallowing apraxia with impaired speech”. In addition, they mention “phonatory apraxia”, while also considering the dysphagia as apraxic in nature. It must, however, be stressed that FCMS is a paretic disorder and not an apraxia, as is consistently described in many older and more recent reviews concerning the syndrome (e.g., [2]). Anarthria, orofacial and bulbar disorders, with automatic–voluntary dissociation in FCMS, are paretic in nature and not apraxic.

We do believe it is essential to differentiate paresis and apraxia consistently since the definition of apraxia requires the inability to execute skilled movements, which usually involve a sequence of muscular activation. A diagnosis of apraxia requires the absence of paresis or sensory loss as an underlying cause for this inability. The differentiation is probably most easily performed by observation of isolated voluntary movements of individual muscles (e.g., lift your upper lip), which are impaired in FCMS, which is demonstrative of voluntary paresis. A voluntary executed skilled movement (e.g., show me a kiss) would then automatically be impaired as a consequence of voluntary paresis,

precluding the diagnosis of apraxia. It is specifically the recognition of FCMS as a paresis of voluntary movements (as opposed to automatic movements) that makes it such an intriguing and instructive syndrome, pointing at lesions in the anterior operculum.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent For this type of study, formal consent is not required.

References

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2. Weller M (1993) Anterior opercular cortex lesions cause dissociated lower cranial nerve palsies and anarthria but no aphasia: Foix–Chavany–Marie syndrome and “automatic voluntary dissociation” revisited. *J Neurol* 240:199–208. <https://doi.org/10.1007/BF00818705>

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