A 47-year-old man presented with a 1-year history of progressive, repetitive, involuntary muscle twitching and cramps in his legs. He was having difficulty swallowing both solids and liquids, and he also noted excessive salivation and decreased volume of his voice. His medical history was otherwise unremarkable. Neurologic examination revealed mildly slurred speech, tongue atrophy and fasciculations (see video), and weakness of the sternocleidomastoid muscle. Wasting of the intrinsic hand muscles, generalized hyperreflexia, and bilateral foot drop were also noted. Electromyography showed positive sharp waves, fasciculation, and fibrillation potentials, indicative of active and chronic denervation. Clinical and neurophysiological evidence of upper-motor-neuron and lower-motor-neuron involvement supported the diagnosis of amyotrophic lateral sclerosis (ALS). The bulbar symptoms of ALS include tongue atrophy and fasciculations, dysarthria, hypophonia, dysphagia, and sialorrhea. This patient’s symptoms gradually progressed over a period of several months and caused increasing disability.

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