

Commentary

The restless legs syndrome (RLS) is a movement disorder that is characterized by unpleasant dysesthesias typically of the legs and an urge to move the extremities. Symptoms have a circadian course with more symptoms during the night. When patients do move, the symptoms typically subside very quickly.^[1] Typically, the legs are affected, but there are also descriptions of RLS complaints in the arms or in the trunk.^[2,3]

RLS affects probably 2-4% of the population in its moderate form and is, therefore, of great clinical importance, especially since therapy with L-DOPA, dopamine agonists or other therapies typically relieves most of the patients quickly of the complaints.^[1,4,5]

In this issue of the Journal of Neuroscience in Rural Practice, the article "Restlessness in right upper limb as sole presentation of restless legs syndrome" demonstrates the primary occurrence of RLS in only one arm.^[6] The authors have ruled out other causes of the circadian complaints, and symptoms improved with dopaminergic therapy.

This case illustrates that rarely, the primary symptom of RLS may occur in only one extremity. This should not lead to the diagnosis of RLS in any patient with RLS-like symptoms in one arm, but it should rather be the reason for careful differential diagnosis and ruling out of other symptoms as the authors have done. Especially when symptoms have a circadian pattern and when symptoms are improved by movement and dopaminergic therapy, RLS should be considered.

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