

## Commentary

In this case report by Gupta *et al.*,<sup>[1]</sup> a patient presents with symptoms of restlessness in the right arm without symptoms in the legs and is diagnosed with restless legs syndrome (RLS). Typically, RLS presents in the legs and may also affect the arms of patients later in disease progression. RLS is characterized by an urge to move the legs that starts or worsens during rest or inactivity. The symptoms are worse in the evening hours and are relieved by movement.<sup>[2]</sup> Several case reports have been

published previously that describe restlessness of the arms as initial presentation of RLS, however, in these cases, both arms were affected.<sup>[3-5]</sup>

The patient in this case was also diagnosed with depression and bilateral cervical ribs. The symptoms of depression were not determined to be a cause of the RLS symptoms due to temporal association. Cervical ribs may cause thoracic outlet syndrome (TOS),<sup>[6]</sup> which

was also part of the differential diagnosis for this patient. Symptoms of TOS include pain and tingling in the arm and/or neck, which may be exacerbated by deliberate movements such as heavy lifting.<sup>[7]</sup> The upper extremity pain seen with TOS is generally ipsilateral as with the present case.<sup>[8]</sup> The symptoms are often nocturnal and can be troublesome enough to awaken patients while sleeping. Although there are some similarities in symptoms among the two conditions, a diagnosis of RLS was ultimately selected, as the patient did not have a positive result for four separate clinical tests that were given to test for TOS.

Dopamine agonists such as pramipexole or ropinirole are commonly used as first-line treatment for RLS.<sup>[9]</sup> Treatment with pramipexole resulted in an improvement of symptoms in the patient presented in this case, which further supported the original diagnosis.

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## References

1. Gupta R, Lahan V, Goel D. Restlessness in right upper limb as sole presentation of restless legs syndrome. *J Neurosci Rural Pract* 2013;4:78-80.
2. Allen RP, Picchetti D, Hening WA, Trenkwalder C, Walters AS, Montplaisi J, *et al.* Restless legs syndrome: Diagnostic criteria, special considerations, and epidemiology. A report from the restless legs syndrome diagnosis and epidemiology workshop at the National Institutes of Health. *Sleep Med* 2003;4:101-19.
3. Munhoz RP, Arruda WO, Teive HA. An upper limb variant of RLS? Report of 2 cases. *Clin Neurol Neurosurg* 2012;114:265-6.
4. Freedom T, Merchut MP. Arm restlessness as the initial symptom in restless legs syndrome. *Arch Neurol* 2003;60:1013-5.
5. Horvath J, Landis T, Burkhard PR. Restless arms. *Lancet* 2008;371:530.
6. Laulan J, Fouquet B, Rodaix C, Jauffret P, Roquelaure Y, Descatha A. Thoracic outlet syndrome: Definition, aetiological factors, diagnosis, management and occupational impact. *J Occup Rehabil* 2011;21:366-73.
7. Hooper TL, Denton J, McGalliard MK, Brismée JM, Sizer PS. Thoracic outlet syndrome: A controversial clinical condition. Part 1: Anatomy, and clinical examination/diagnosis. *J Man Manip Ther* 2010;18:74-83.
8. Christo PJ, McGreevy K. Updated perspectives on neurogenic thoracic outlet syndrome. *Curr Pain Headache Rep* 2011;15:14-21.
9. Silber MH, Ehrenberg BL, Allen RP, Buchfuhrer MJ, Earley CJ, Hening WA, *et al.* An algorithm for the management of restless legs syndrome. *Mayo Clin Proc* 2004;79:916-22.

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