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L. Buratti, C. Petrelli, G. Viticchi, C. Petrelli, G. Viticchi, L. Falsetti, M. Silvestrini

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To the Editor:

Although anatomical and physiological considerations suggest a possible causality between subcortical brain areas lesions and emergence of sleep-related movement disorders, few data are available regarding the association between restless legs syndrome/periodic limb movements (RLS/PLM) and lacunar stroke [1]. The aim of this study was to evaluate the prevalence and the lesion topography of new-onset RLS/PLM in patients with lacunar stroke. In addition, we tried to add some details about the characterization of sleep-related movement disorders in relation to the site and side of the ischemic lesion.

All patients referred to the outpatient services during a 12-month period for an early evaluation after a first lacunar stroke occurred within the previous month were considered and underwent a careful investigation about sleep disturbances. We excluded patients with the following: multiple vascular lesions documented by magnetic resonance imaging, medical conditions producing symptoms mimicking RLS (myalgia, venous stasis, leg edema, arthritis, leg cramps, positional discomfort, habitual foot tapping), documented sleep disturbances preceding stroke occurrence, including a previous RLS/PLM diagnosis, current treatment with antidepressant (tricyclic antidepressants, serotonin reuptake inhibitors, serotonin and noradrenaline reuptake inhibitors, mirtazapine) or other drugs (lithium, dopamine antagonists) potentially influencing the occurrence of sleep-related movement disorders, severe motor deficit (grades <4/5 for both upper and lower limb on the Medical Research Council scale), psychiatric disorders, and cognitive impairment. Patients with relevant sensory deficits were not excluded. In this case, the diagnosis of RLS was based on the circadian characteristics of the disturbances with clear worsening during evening. Diagnosis and severity evaluation of RLS was based on the International Restless Legs Scale criteria [2].

The Epworth Sleepiness Scale, the Berlin Questionnaire, and the Pittsburgh Sleep Quality Index were administered to all eligible patients.