JACTATIO CAPITIS NOCTURNA IN A HEALTHY MAN

Murray Johns

Sleep Disorders Unit, Epworth Hospital, Richmond 3121

At least 5 per cent of normal infants between about 6 months and 3 years of age roll their head or whole body from side to side in repeated, stereotyped, rhythmical movements when falling asleep.(1) During such movements the head may bang against the side of the cradle or cot. Hence the name Jactatio Capitis Nocturna or sleep-related head-banging.

In the past this disorder has been interpreted as purposeful or self-passifying behaviour. Polysomnography has shown that, although the rolling movements can start in the drowsy state, they often continue after sleep onset and can recur repeatedly during the night, mainly on partial arousal from NREM sleep, but occasionally from REM sleep.(2) Thus, Jactatio capitis nocturna is one of the parasomnias. It is a movement disorder of sleep, inherited probably as an autosomal dominant with limited penetrance.(3) It occurs in both sexes but with a predominance in males and need cause little concern, requiring mainly reassurance of the child's parents before it resolves spontaneously, presumably with maturation of inhibitory mechanisms in the CNS. It is rare in adults. Imipramine at bedtime inhibits the movements whereas antiepileptics are ineffective.

Case Report:
A 33 year-old man in good general health, functioning normally as a professional man during the day, presented with a life-long history of vigorous movements during sleep. These had caused little concern in the past because he was not aware of them and they would stop as soon as he awoke. But several episodes each night were now disrupting other people's sleep.

During overnight polysomnography, including infra-red video recordings, he was observed to have 11 episodes of head and body rolling, typical of Jactatio capitis nocturna. Episodes lasted from a few seconds to a few minutes with the head, trunk and legs rotating laterally about 35 times per minute. Most started in delta-wave sleep, some in stage 2. There were no epileptiform changes in the EEG. The remainder of his sleep was relatively normal, with no significant myoclonic activity.

CT scans of his head had previously shown a probable papilloma of the choroid plexus in the right lateral ventricle which had not changed over the past 3 years. Whether this was an incidental finding or the cause of his movement disorder is conjectural.

(1) Sallustro F and Atwell C.W. Body rocking, headbanging and head rolling in normal children. J Pediat 1978; 93:704-8
(2) Thorpy M.J. and Spielman A.J. Persistent jactatio nocturna. Neurology 1984; 34 (Suppl 1) : 208-9
(3) Ferber R. Familial headbanging, Sleep Res., 1988; 17:176