Prolonged unconsciousness >30 min, in 7% of patients, was associated with nongeneralized seizures, seizures >5 min duration, or use of intravenous diazepam. (Okumura A, Uemura N, Suzuki M, et al. Unconsciousness and delirious behavior in children with febrile seizures. **Pediatr Neurol** 2004;30:316-319). (Respond: Dr Okumura, Department of Pediatrics, Nagoya University Graduate School of Medicine, 65 Tsurumai-cho, Showa-ku, Nagoya, Aichi 466-8550, Japan).

COMMENT. Prolonged unconsciousness and delirious behavior are rare with febrile seizures. When these symptoms are present, a diagnosis of acute encephalopathy should be considered.

Delirium with febrile myoclonus. Febrile myoclonic episodes in 11 patients, aged 8 months to 11 years, were associated with fear, surprise and shouting in 73%, a past history of febrile convulsion in 18% and febrile delirium in 9%. The outcome for febrile myoclonus was benign and not complicated by afebrile seizures.

MOVEMENT DISORDERS

POST-STREPTOCOCCAL DYSKINESIAS

Forty children with dyskinetic movement disorders and associated psychiatric disorders following streptococcal infections seen between 1999 and 2002 are reported from the Institute of Child Health and Great Ormond Street Hospital for Children, London, UK. Dyskinesias included chorea in 20 patients (65% female), motor tics (16 [69% male]), dystonia (5), tremor (3), stereotypies (2), opsoclonus (2), and myoclonus (1). Psychiatric disorders were diagnosed in 62.5%, compared to an 8.9% expected incidence in UK children. These included emotional disorders in 47.5%, including obsessive-compulsive disorder (27.5%), anxiety (25%), and depressive episodes in 17.5%. Conduct disorder occurred in 27.5% and hyperkinetic behavior in 15%. A family history of dyskinesias, psychiatric disorders, and post-streptococcal autoimmune disorders was common. Symptoms continued in 72.5% at a mean follow up of 2.7 years. (Dale RC, Heyman I, Surtees RAH, et al. Dyskinesias and associated psychiatric disorders following streptococcal infections. **Arch Dis Child** 2004;89:604-610). (Respond: Dr R Dale, Neurosciences Unit, Wolfson Centre, Institute of Child Health, Mecklenburgh Square, London WC1N 2AP, UK).

COMMENT. The authors have extended their earlier report of a postinfectious autoimmunity against basal ganglia associated with an encephalitis lethargica syndrome (Dale et al. **Brain** 2004;127:21-33; **Ped Neur Briefs** Jan 2004;18:1-2) to emphasize the association of dyskinesias and psychiatric disorders following streptococcal infection in children. In a further article, they have demonstrated the utility of anti-basal ganglia (neuronal) antibodies (ABGA), using Western immunoblotting, as a potential diagnostic marker in post-streptococcal neurological disorders (Church AJ, Dale RC, Giovannoni G. **Arch Dis Child** 2004;89:611-614). That an autoimmune mechanism may underlie a proportion of adult cases of atypical movement disorders is suggested by the finding of ABGA in 42 (65%) of 65 consecutive patients seen at the Institute of Neurology, Queen Square, London (Edwards MJ et al. **Neurology** July (1 of 2) 2004;63:156-158). Multiple factors may be involved in the mechanism of post-streptococcal dyskinesias.