

Ahtiluoto S, Linnavuori K et al. Human herpesvirus-6 associated encephalitis with subsequent infantile spasms and cerebellar astrocytoma. Dev Med Child Neurol June 2000;42:418-421). (Respond: Dr Heikki Rantala, Department of Paediatrics, University of Oulu, 90220 Oulu, Finland).

COMMENT. This is the first reported case of HHV-6 association with subsequent infantile spasms and pilocytic cerebellar astrocytoma. HHV-6 DNA found in the tumor cells may indicate a causative role for the virus or simply an invasion of the tumor by the virus. The absence of MRI evidence for a tumor at the onset of infection is in favor of the former explanation. Laboratory studies have demonstrated oncogenic properties of HHV-6 virus.

MOVEMENT DISORDERS

VOLUMETRIC MRI IN TOURETTE SYNDROME: A GENDER EFFECT

Subcortical volumetric MRIs were compared in 19 girls (aged 7 to 15 years) with Tourette syndrome (TS) and 21 controls. Eleven of the patients had TS only and 8 had TS with attention deficit hyperactivity disorder (TS + ADHD). TS-only patients had significantly smaller lateral ventricles compared with TS + ADHD patients and the control subjects. Putamen asymmetry index as a marker for TS, previously demonstrated in boys with TS, was present in girls with TS and also in control girls with no TS. (Zimmerman AM, Abrams MT, Giuliano JD, Denckla MB, Singer HS. Subcortical volumes in girls with Tourette syndrome. Support for a gender effect. Neurology June (2 of 2);54:2224-2229). (Reprints: Michael T Abrams, Kennedy Krieger Institute, Neuroimaging Laboratory, Suite 522, 707 North Broadway Street, Baltimore, MD 21205).

COMMENT. In contrast to previous studies involving mainly boys, abnormal lenticular asymmetry does not occur in girls with Tourette syndrome. Girls, with or without TS, exhibit the putamen asymmetry seen in boys. TS-only girls differed from TS + ADHD girls and controls in having significantly smaller lateral ventricles. Future investigations of TS should make distinctions of gender and patients with and without ADHD.

TICS IN ASPERGER'S SYNDROME AND AUTISTIC DISORDER

Twelve patients (8 male and 4 female; ages 3 to 32 years; 9 less than 16 years) with autistic spectrum disorder were evaluated in a Movement Disorders Clinic for tics, at the University of California, Irvine, CA. Six had Tourette syndrome, and eight were also diagnosed with Asperger's syndrome. Three TS patients had severe congenital sensory deficits; 2 with Leber's amaurosis and 1 with deafness. All had stereotypic motor behavior, including rocking, head banging, and hand waving. Sensory deprivation was thought to contribute to the stereotypic movement disorder. (Ringman JM, Jankovic J. Occurrence of tics in Asperger's syndrome and autistic disorder. J Child Neurol June 2000;15:394-400). (Dr Joseph Jankovic, Baylor College of Medicine, 6550 Fannin #1801, Houston, TX 77030).

COMMENT. Asperger's syndrome should be considered in children of high verbal intelligence who do poorly in school, both academically and socially, and who exhibit speech and language disorders, tics, motor clumsiness, and stereotyped movements such as repetitive hand flapping. Asperger's syndrome may overlap or occur concurrently with Tourette syndrome (Nass R, Gutman R, 1997), pervasive developmental disorder, and ADHD (see Millichap JG. Attention