

but none were focal and restricted to a single body part. Focal dystonia occurs only in those with adult onset. The observation of spontaneous stabilization in the patients of this study is of interest and the long term prognosis was relatively good.

#### PSYCHOGENIC TREMORS

The clinical presentations and criteria for diagnosis of psychogenic tremor in 24 patients are reported from the Department of Neurology, Kansas University Medical Center, Kansas City, KS. Two were adolescents and the remainder were adults; nine men and 15 women. The tremors were complex (resting, postural, and kinetic), and of abrupt onset with a variable course. The clinical characteristics included spontaneous remissions, clinical inconsistencies, changing tremors, unresponsiveness to drugs, exacerbation by attention, improvement with distractibility, responsiveness to placebo, absence of other neurologic signs, and remission with psychotherapy. Other medical factors suggesting a psychogenic etiology included multiple undiagnosed conditions, unwitnessed paroxysmal disorders, employment in allied health professions, litigation or compensation pending, secondary gain, psychiatric disease, and functional disturbances in the past. (Koller W et al. Psychogenic tremors. Neurology August 1989; 39:1094-1099).

COMMENT. Despite these clearly defined clinical features the diagnosis of psychogenic tremor is often difficult. Psychogenic and organic diseases may coexist and psychogenic tremor is usually a diagnosis of exclusion. In Pediatric Neurology practice, tremor is a frequent complication of valproate therapy for seizures and iatrogenic causes must be remembered in the differential diagnosis. The majority of patients with torsion dystonia in childhood are first diagnosed as hysteria. Acute dystonia is reported with cocaine withdrawal.

#### TOXIC DISORDERS

##### DYSTONIA AND COCAINE WITHDRAWAL

An acute dystonic episode in a 15-year-old girl during cocaine withdrawal is reported from the Departments of Neurology and Psychiatry, Albert Einstein College of Medicine, Bronx, N.Y. After 16 hours of observation in the hospital without receiving any drugs, she developed generalized dystonia, torticollis, extensor posturing, and high-pitched vocalizations. The episode subsided after administration of 50 mg IV diphenhydramine. She was discharged nine days later with diagnosis of adjustment disorder with depressed mood, and cocaine abuse. (Choy-Kwong M, Lipton RB. Dystonia related to cocaine withdrawal: A case report and pathogenic hypothesis. Neurology July 1989; 39:996-997).

COMMENT. There is a high frequency of neuroleptic-induced dystonia reported in cocaine users. Cocaine may lower the threshold to these reactions. This report indicates that dystonic reactions to cocaine withdrawal can occur in the absence of other drugs.