facioscapulohumeral muscular dystrophy. Ann Neurol June 1996;39:744-748). (Respond: Dr Tawil, University of Rochester, Department of Neurology, Box 673, 601 Elmwood Avenue, Rochester, NY 14642).

COMMENT. These findings have important significance in the genetic counselling of patients with FSHD. No differences in severity of disease were noted between paternally and maternally inherited FSHD, but a reduction in reproductive fitness in male compared to female patients was an unexpected finding.

FSHD with chromosome 9p deletion is reported in a 31-year-old man who also had congenital anomalies and mental retardation studied at Oita Medical University, Hasama-machi Oita 879-55, Japan. (Ueyama H et al. Neurology Feb 1996;46:566-569). A translocation between chromosome 4q and 9p was not detected. The FSHD in this patient was probably not attributable to the 9p deletion syndrome, which consists of the following: mental retardation, trigonocephaly, high-arched eyebrows, micrognathia, wide-spaced nipples, kyphosis, and inguinal hernias.

ATTENTION DEFICIT AND LEARNING DISORDERS

QUANTITATIVE MRI CHANGES IN ADHD

Anatomic brain MRIs for 57 boys with ADHD and 55 healthy matched controls, aged 5 to 18 years, were compared at the National Institute of Mental Health, Bethesda, MD. ADHD subjects had a 4.7% smaller total cerebral volume, a significant loss of normal right>left asymmetry in the caudate nucleus, smaller right globus pallidus, smaller right anterior frontal region, smaller cerebellum, and reversal of normal (L>R) lateral ventricular asymmetry. Whereas ventricular volume increased significantly with age for normal subjects, no age-related changes were found in ADHD subjects. Within the ADHD group, Full-Scale WISC-R IQ score correlated with total cerebral volume. Decreased normal caudate asymmetry was associated with increasing perinatal risk only in the ADHD boys. (Castellanos FX, Rapoport JL et al. Quantitative brain magnetic resonance imaging in attention-deficit hyperactivity disorder. Arch Gen Psychiatry July 1996;53:607-616). (Reprints: F. Xavier Castellanos MD, Child Psychiatry Branch, National Institute of Mental Health, Building 10, Room 6N240, 10 Center Dr, MSC 1600, Bethesda, MD 20892).

COMMENT. Evidence that a lack of normal asymmetry of regional brain structures is involved in the pathophysiology of ADHD is further supported by this study. Decreased volume of the prefrontal cortex, caudate nucleus, and globus pallidus on the right side point to a dysfunction of right-sided prefrontal-striatal systems in ADHD. A decrease in size of the splenium of the corpus callosum, previously reported in ADHD children (see Ped Neur Briefs July 1994;8:55), was not observed.

ACUTE BASAL GANGLIA ENLARGEMENT WITH OBSESSIVE-COMPULSIVE DISORDER, TICS, AND STREP INFECTION

A 12-year-old boy with an acute exacerbation of obsessive-compulsive disorder (OCD) symptoms and tics following a Group A B-hemolytic streptococcal (GABHS) throat infection is reported from the National Institute of Mental Health, Bethesda, MD. Family history included Sydenham's chorea in a maternal grandfather, OCD in the mother and paternal aunt, and Tourette's