

Wellcome Department of Cognitive Neurology, Queen Square, London, six right-handed male subjects with KS showed activation in the motor cortex both contralateral and ipsilateral to the voluntarily moved hand, although the contralateral activation was significantly stronger. Activation of the ipsilateral motor cortex in KS may be caused by sensory feedback from the involuntarily mirroring hand. (Krams M, Quinton R, Mayston MJ et al. Mirror movements in X-linked Kallmann's syndrome. II A PET study. Brain July 1997;120:1217-1228).

## HEADACHE DISORDERS

### **PSEUDOMIGRAINE PLEOCYTOSIS SYNDROME**

A series of 50 patients with a total of 164 episodes of pseudomigraine with temporary neurologic symptoms and CSF lymphocytic pleocytosis (PMP syndrome) is reported from the University Hospital Marques de Valdecilla, Santander, Spain. Onset was between 14 and 39 years, 68% in males. About one third had a past history of migraine, and one-quarter had a viral-like illness within 3 weeks of onset. A throbbing, bilateral headache lasting an average of 19 hours was associated with unilateral sensory symptoms (78% of episodes) of mean duration 5 hours, aphasic (66%) and motor (56%) symptoms, and visual symptoms in only 12% of episodes. Lymphocytic pleocytosis was 10 to 760 cells/mm<sup>3</sup> (mean, 199). CSF protein was increased. Viral studies were negative. EEG showed focal slowing. Angiography in 12 patients was normal except one showing localized vasculitis. An aseptic inflammation of leptomeningeal vasculature is suggested as a possible cause. (Gomez-Aranda F, Canadillas F, Marti-Masso JF, et al. Pseudomigraine with temporary neurological symptoms and lymphocytic pleocytosis. A report of 50 cases. Brain July 1997;120:1105-1113). (Respond: Dr Julio Pascual, Service of Neurology, University Hospital Marques de Valdecilla, 39008 Santander, Spain).

COMMENT. This appears to be the largest series of patients reported with the syndrome of transient headache and CSF lymphocytosis. A previous report of 7 patients and review of 33 cases in the literature, 13 in children and adolescents, were included in Ped Neur Briefs, Oct 1995 (see Progress in Pediatric Neurology III, 1997;p178). The differential diagnoses listed by the authors (Berg MJ, Williams LS) included Lyme neuroborreliosis, neurosyphilis, neurobrucellosis, neoplastic meningitis, HIV meningitis, hemiplegic migraine, seizures, Mollaret's meningitis, and a side effect of angiography. The syndrome is self limited, and a viral etiology appears plausible.

## ATTENTION DEFICIT AND LEARNING DISORDERS

### **LARGE CAUDATE NUCLEUS ON MRI IN ADHD**

MRI measurements of the head of the caudate nucleus correlated with neuropsychological deficits and behavioral problems in 11 adolescents with ADHD in a study at the University of Barcelona, Spain. The ADHD group had a larger right caudate nucleus and a trend toward a larger left caudate than a control group of 19 healthy subjects. Larger caudate nuclei in controls were associated with poorer performance on tests of attention and higher ratings on the Conners Teachers Rating Scale. A L>R pattern of caudate asymmetry was present in the control group and a reverse pattern (R>L) for the ADHD subjects. A bilateral dysfunction is suggested for ADHD, more pronounced on