neurologic disorders is apparently less remarkable. However, in patients with ataxia, myopathy, or seizures of undetermined etiology, a test for antigliadin antibodies should be considered, especially as symptoms may be reversible with a gluten-free diet.

NEUROECTODERMAL DISORDERS

NEUROFIBROMATOSIS 1 AND GROWTH HORMONE DEFICIENCY

The growth profiles and growth hormone levels of children with neurofibromatosis 1 (NF-1) were analyzed at the University of Texas Medical School, Houston, TX. Of 251 children attending the clinic with NF-1, 112 were at or below the 25th percentile for height. Of these, 51 were showing poor growth rates, without radiological evidence of suprasellar lesions. Growth hormone deficiency (GHD), with peak GH levels of less than 5 ng/ml, was determined in 15 of 19 tested. (Vassilopoulou-Sellin R, Klein MJ, Slopis JK. Growth hormone deficiency in children with neurofibromatosis type 1 without suprasellar lesions. Pediatr Neurol May 2000;22:355-358). (Respond: Dr Vassilopoulou-Sellin, Section of Endocrinology, Box 15, University of Texas, Anderson Cancer Center, 1515 Holcombe Blvd, Houston, TX 77030).

COMMENT. Growth hormone deficiency and short stature may be associated with neurofibromatosis 1, independent of organic pituitary lesions.

TOURETTE'S SYNDROME AND NEUROFIBROMATOSIS 1

A case of Tourette's syndrome in association with neurofibromatosis 1 is reported in an 11-year-old boy evaluated at the Instituto de Ciencias Neurologicas, Lima, Peru. Tics began at 5 years, manifested by excessive blinking, and followed by head nodding and shoulder shrugging. At 6 years of age, he developed symptoms of ADHD and learning problems, leading to academic underachievement. At 8 years of age, tic vocalizations began, and at 10 years, a painless intranasal tumor developed that caused deformity of the nasal cartilage. Examination revealed multiple cafe-au-lait spots. Biopsy of the nasal tumor revealed a neurofibroma. MRI showed hyperintensities (T2-weighted) and hypointensities (T1-weighted) in both pallidi. Head CT was normal. (Cosentino C, Torres L. Tourette's syndrome and neurofibromatosis 1. Pediatr Neurol May 2000;22:420-421). (Respond: Dr Carlos Cosentino, Instituto de Ciencias Neurologicas, Ancash 1271, Lima 1, Peru).

COMMENT. This may be the first documented case of an association between neurofibromatosis 1 and Tourette's syndrome.

Hemolytic streptococcal infection as a precipitant of tics was evaluated at Johns Hopkins University, Baltimore, MD (Singer HS, Giuliano JD, Zimmerman AM, Walkup JT. Pediatr Neurol May 2000;22:3809-383). Of 80 consecutive children with a diagnosis of tic disorder, 53% had a sudden onset or worsening of tics, and in 15 of these 42, the exacerbation was associated with infection, streptococcal in 9. Approximately 11% of children with tic disorders have a worsening of symptoms within 6 weeks after a streptococcal infection. A relationship of strep infection to tic disorders continues to unfold.