Classes I and II than in III-V. Survival of kernicteric babies and dyskinetic cases was higher, due to better infant care in Social Classes I and II than in lower social classes.

TREATABLE GLUT 1 DEFICIENCY CHOREA SYNDROME

A 7-year-old developmentally delayed girl with chorea and a glucose transporter type 1 (GLUT 1) deficiency syndrome is reported from Hospital Universitari Sant Joan de Deu, Barcelona, Spain, and University of Texas Southwestern Medical Centre, Dallas. At 5 years of age she presented with an abrupt flaccidity and loss of ambulation for several minutes, without loss of consciousness. Chorea and mental retardation were associated with paroxysmal ataxia, convergent strabismus, dysarthria, dystonia, and aggravated intellectual disability induced by fasting or exertion. MRI showed cerebral hypotrophy, especially occipital lobes, and enlarged ventricles. EEG showed mild diffuse slowing, maximal posteriorly. Blood glucose and lactate were normal, but CSF glucose and lactate were diminished. DNA sequencing revealed a sporadic, heterogeneous amino acid insertion in the GLUT 1 transporter that probably impaired blood-brain glucose flux. Treatment with the ketogenic diet was followed by brain growth and improved symptomatic outcome by 7 years of age. Intellectual deterioration was unaffected, remaining below the 5th percentile for age. (Perez-Duenas B, Prior C, Ma Q, et al. Childhood chorea with cerebral hypotrophy. A treatable GLUT 1 energy failure syndrome. **Arch Neurol** Nov 2009;66(11):1410-1414). (Respond: Juan M Pascual MD PhD, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Mail Code 8813, Dallas, TX 75390. E-mail: Juan.Pascual@UTSouthwestern.edu).

COMMENT. Most patients with GLUT 1 deficiency syndrome present with epilepsy and deceleration of brain growth, and the above case is considered a novel phenotype. Whereas chorea and ataxia were controlled by treatment with the ketogenic diet, intellectual deterioration was not reversed.

TICS, OCD AND ADHD ASSOCIATED WITH BRAIN TUMOR

Researchers at Children's Hospital of Michigan, Detroit report a boy aged 12 years with a 12-month history of ADHD, OCD, and stimulant-induced tourette syndrome that resolved following surgical removal of a right temporal lobe and basal ganglia oligodendroglioma. He had also developed complex partial seizures and two episodes of secondary generalized tonic clonic seizures. Oxcarbazepine controlled the seizures, and atomoxetine for ADHD was gradually withdrawn after surgery with no relapse of behavior. Radiation therapy was used for the residual tumor that increased in size 2 years after lesionectomy. Neuropsychological testing 3.5 years after surgery indicated normal verbal intellectual, memory, receptive language, and achievement, with impaired nonverbal, naming, and manual dexterity. Attentional, OCD, and anxiety symptoms resolved postoperatively. (Luat AF, Behen ME, Juhasz C, Sood S, Chugani HT. Secondary tics or tourettism associated with a brain tumor. **Pediatr Neurol** Dec 2009;41:457-460). (Dr Chugani, Pediatric Neurology/PET Center, Children's Hospital of Michigan, 3901 Beaubien Blvd, Detroit, MI 48201. E-mail: hchugani@pet.wayne.edu).