

MUMPS, MEASLES AND RUBELLA VACCINATION AND ENCEPHALITIS

A case of encephalitis in a 14 month old girl occurring 27 days after immunization with MMR vaccine is reported from the Department of Child Health, Charing Cross Hospital, London, England. She was admitted with 24 hour history of fever and vomiting and a generalized convulsion and a fever (39°C). Shortly after admission she went into status epilepticus and the seizures continued for a further two hours despite heavy sedation. She required artificial ventilation for four days. She had received mumps, measles and rubella vaccine 27 days before admission. There was a fourfold rise in the S antibody titer to mumps virus by complement fixation. The family history was negative for epilepsy or febrile convulsions. Recovery was slow and when discharged 28 days after admission she had odd behavior and visual impairment. Recovery was complete after four months. (Crowley, S et al. Mumps, measles, and rubella vaccination and encephalitis. BMJ September 9, 1989; 299:660).

COMMENT. The authors found one case of mumps meningitis as a post immunization complication in a report from Canada but none in the United States. There were three unpublished reports of mumps meningoencephalitis associated with mumps, measles and rubella vaccine in the United Kingdom. It is suggested that at least 30 days follow-up is needed to exclude a possible neurological complication of the mumps vaccination. The failure to follow patients for a sufficiently long interval after immunizations might explain the lack of neurological complications reported with other vaccines.

INVOLUNTARY MOVEMENTS

IDIOPATHIC DYSTONIA

The natural history of early onset idiopathic torsion dystonia in 30 young patients is reported from the Instituto Neurologico "C. Besta", Milan, Italy. Twenty-one were sporadic and nine familial. Of the familial cases, eight had an autosomal recessive hereditary pattern and one an autosomal dominant pattern. All were of European origin and none were of Jewish origin. Quantitative criteria and a dystonic severity scale were used. Drug trials in eight patients were without benefit and stereotactic thalamotomy in ten patients relieved a unilateral action tremor. Age at onset ranged between one and ten years, maximum between five and ten years. An abnormality of gait was the presenting sign in 12. The disease became generalized in 17 and remained localized in 13. Early onset was characterized by a spontaneous tendency toward a stabilization of the motor disability following aggravation of the disability during the first seven years of the disease. Most retained functional independence and none showed mental deterioration, mood alteration or personality disturbance. The mean IQ in familial cases was 73.4 compared to 94.9 in sporadic cases. (Angelini L et al. Idiopathic dystonia with onset in childhood. J Neurol September 1989; 263:319-321).

COMMENT. In the majority of childhood cases the dystonia is generalized, in some segmental, involving more than one body part,