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MOVEMENT DISORDERS

STREPTOCOCCAL INFECTION AND TOURETTE SYNDROME

Serum antibodies against human caudate nucleus sections and antistreptococcal titers were determined in 83 ADHD children, 45 with and 38 without an associated movement disorder, at Brown University School of Medicine, Rhode Island. Those with movement disorders [Tourette syndrome (7), tics (23), choreiform movements (15)], were significantly more likely to have antineuronal antibodies (44%), determined by immunofluorescent staining, and elevated antistreptococcal titers (43%) than those without movement disorders (21% and 27%, respectively). The percentage of children with a movement disorder whose sera were strongly positive for antineuronal antibodies (44%) was similar to that found in children with Sydenham's chorea (46%). (Kiessling IS et al. Antineuronal antibodies in movement disorders. Pediatrics July 1993; 92: 39-43). (Reprints: IS Kiessling MD, Dept of Pediatrics, Memorial Hospital of Rhode Island, 111 Brewster St, Pawtucket, RI 02860).

COMMENT. The authors are to be congratulated on following up their observation of a temporal relationship between streptococcal infection and the abrupt onset of tics in children seen in their clinic for ADHD. Tics as a sequel to Sydenham's chorea was a recognized complication or continuum more than 60 years ago (Guttman E (1927) et al; In Wilson SAK, Neurology, Baltimore, Williams and Wilkins, 1955, p 1924), and the association between antecedent group A *B*-hemolytic streptococcal infection and tics demonstrated in this study might be expected. The resolution of the tics following treatment with amoxicillin requires further investigation.

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