HEADACHE DISORDERS

SUNCT SYNDROME IN A CHILD

Short-duration unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) is reported in a 5-year-old boy treated at Children Hospital Queen Fabiola, Brussels, Belgium. Episodes occurred 4 to 6 times over an hour every 2 to 3 days, they lasted a few seconds, without precipitating factor, never disturbing sleep, and were associated with nasal congestion. Neurologic exam including visual fields, fundi and MRI were normal. Frequency of attacks began to decrease after 3 months, without treatment, and headaches stopped spontaneously at 5 months after onset, with no recurrence at 1-year follow-up. (Sekhara T, Pelc K, Mewasingh LD et al. Pediatric SUNCT syndrome. **Pediatr Neurol** Sept 2005;33:206-207).

COMMENT. Usually restricted to adults, this is the third case of SUNCT in a child, 2 previous cases in children aged 10 and 11 years, one idiopathic and the other secondary to astrocytoma in the ipsilateral pontocerebellar angle. In the idiopathic case, multiple trials of NSAIDs were unsuccessful. SUNCT is classified in the ICHD as a trigeminal autonomic cephalgia, along with cluster headache and paroxysmal hemicrania headache.

MUSCLE DISORDERS

CONGENITAL X-LINKED AUTOPHAGIC VACUOLAR MYOPATHY

A Chinese-American family with a severe X-linked congenital autophagic vacuolar myopathy (AVM) affecting 7 boys is reported from the National Center of Neurology and Psychiatry, Kodaira, Tokyo, and Utano National Hospital, Kyoto, Japan; and Shandong University, Jinan, China. One of the 7, a 7-year-old, was born with hypotonia and hypoventilation requiring respiratory support for 3 days. Nasogastric tube feeding was necessary until age 2 and ½ years. Motor milestones were delayed, sitting at 9 months and walking with support at 2 years. Subsequently, motor development deteriorated, with progressive muscle weakness and crawling at age 7. Serum CK was elevated at 1.962 IU/L. Examination showed generalized muscle atrophy and weakness, including facial and neck muscles. Mentation was normal. EKG showed incomplete right bundle-branch block, and echocardiography revealed left ventricular hypertrophy. EMG of the right biceps brachii showed complex repetitive discharges without fibrillation potentials or positive sharp waves and low-amplitude, short-duration motor unit potentials, compatible with a chronic myopathy. Muscle pathology showed autophagic vacuoles with sarcolemmal features of X-linked myopathy with excessive autophagy (XMEA), suggesting allelism to XMEA, with a more severe clinical presentation. (Yan C, Tanaka M, Sugie K et al. A new congenital form of X-linked autophagic vacuolar myopathy. **Neurology** October (1 of 2) 2005;65:1132-1134). (Reprints: Dr Ichizo Nishino, Department of Neuromuscular Research, National Center of Neurology and Psychiatry, 4-1-1 Ogawa-Higashi, Kodaira, Tokyo 187-8502, Japan).