brainstem and lack of visualization of the proximal part of the facial nerves. 3D-constructive interference in steady state (3D-CISS) MRI sequences, with reconstructions perpendicular to the bilateral internal auditory channel, were required to demonstrate facial nerve anomalies. (Sasaki M, Imamura Y, Sato N. Magnetic resonance imaging in congenital facial palsy. **Brain Dev** Feb 2008;30:206-210).(Respond: Dr M Sasaki, E-mail: massaki@nc np.go.jp).

COMMENT. Three-dimensional constructive interference in steady state MRI sequence is useful in the differential diagnosis of congenital facial palsy. 3D-CISS MRI provides T2-weighted images with high spatial resolution.

MOVEMENT DISORDERS

GENETICS OF EARLY ONSET RESTLESS LEGS SYNDROME

Linkage analysis was performed in a four-generational German family with restless legs syndrome (RLS) affecting 15 of 37 family members, in a study at the University of Lubeck, Germany. Age at onset was in early childhood or adolescence in 9 (60%) cases. Clinical findings included a desire to move the legs, paresthesias, motor restlessness at night resulting in sleep disturbance and daytime fatigue. Several family members had severe psychiatric problems, including depression and personality disorder. The inheritance pattern was autosomal dominant. A new RLS gene locus (RLS3) was identified on chromosome 9 in all of 12 patients tested, and 11 of these carried an additional closely linked RLS locus. (Lohmann-Hedrich K, Neumann A, Kleensang A, et al. Evidence for linkage of restless legs syndrome to chromosome 9p. Are there two distinct loci? **Neurology** February 2008;70:686-694). (Reprints: Dr Christine Klein, Department of Neurology, University of Lubeck, 23538 Lubeck, Germany. E-mail: christine.klein@neuro.uni-luebeck.de).

COMMENT. A linkage to a new locus (RLS3) on chromosome 9p has been identified in a family with RLS of early onset. Five gene loci have previously been mapped in cases of primary RLS to chromosomes 12q, 14q, 9p, 2q, and 20p. To date, no gene mutation has been found. RLS is primary or secondary. The primary form is highly familial; secondary RLS is often associated with iron deficiency, renal disease, or pregnancy. The pathophysiology may be related to dopamine insufficiency and low iron storage in substantia nigra.

NEUROCUTANEOUS SYNDROMES

LINEAR NEVUS SEBACEUM SYNDROME AND INFANTILE SPASMS

Two infants with linear nevus sebaceum syndrome and infantile spasms are reported from Safra Childrens Hospital, Sheba Medical Center, Tel Hashomer, Israel; and Hospital for Sick Children, Toronto, Canada. Case 1 presented at age 4 months with focal motor and generalized convulsive seizures with low-grade fever. Family history was positive for febrile seizures in the mother. A 3-cm gray-yellow scaly patch was noted on the frontal-central scalp area that enlarged and turned red and thickened after discharge. Brain MRI showed bilateral