

adults is uncommon in children, but pelvic imaging (MRI) is important since surgical removal of a tumor is followed by rapid recovery. See **Ped Neur Briefs** Jan 2010;24:1-2, for reports of NMDAR and dyskinetic encephalitis lethargica (Dale RC et al. **Ann Neurol** 2009;66:704-709). In the above case report, pelvic MRI was negative, but the authors recommend close surveillance. They credit the favorable outcome to early initiation of immunosuppressant therapy.

## MOVEMENT DISORDERS

### **OPSOCLONUS-MYOCLONUS FOLLOWING *MYCOPLASMA PNEUMONIAE* INFECTION**

Three adolescent cases of opsoclonus-myooclonus (OMS) that followed infection with mycoplasma pneumoniae are reported from University Hospital, Bern, Switzerland. Case 1. A 10-year-old girl presented with a 3-day history of uncontrolled eye movements and whole body tremor, followed by cerebellar ataxia. Two weeks previously she had pneumonia due to *M pneumoniae* (nasopharyngeal PCR positive, and IgM antibodies elevated). MRI brain showed no signs of inflammation, and tests for a paraneoplastic etiology were negative. Following methylprednisolone, symptoms slowly improved. Steroids were weaned over 10 months, and at 30-month follow-up, no relapse had occurred. Two further cases, both aged 14 years, developed OMS 2 to 4 weeks following *M pneumoniae* respiratory infection. Neuroblastoma was ruled out. Recovery from OMS occurred after 2 to 4 weeks of methylprednisolone therapy. (Huber BM, Strozzi S, Steinlin M, Aebi C, Fluri S. *Mycoplasma pneumoniae* associated opsoclonus-myooclonus syndrome in three cases. **Eur J Pediatr** April 2010;169:441-445). (Respond: Dr S Fluri, Department of Pediatrics, University Hospital, Inselspital, CH-3010 Bern, Switzerland. E-mail: simon.fluri@insel.ch).

COMMENT. One previous case of OMS following *M pneumoniae* infection is cited in a 4-year-old girl (Chemli J et al. **Arch Pediatr** 2007;14:1003-1006). Among pediatric cases, OMS generally presents between 6 months and 3 years of age, and neuroblastoma is present in 50% cases. In the above parainfectious childhood cases of OMS, response to steroid therapy was rapid and generally complete, and the long-term outcome was favorable. Neurological complications of *M pneumoniae* include meningoencephalitis, acute disseminated encephalomyelitis, acute transverse myelitis, cerebellitis, abducens nerve and Bell's palsies, and Guillain Barre syndrome. (Yis U et al. **Eur J Pediatr** 2008;167(9):973-978).

## SEIZURE DISORDERS

### **ANTI-HISTAMINES AND FEBRILE SEIZURE SUSCEPTIBILITY**

Charts of children with febrile seizures admitted to the Hospital of Shiga University of Medical Sciences, Otsu, Japan, 2006-2007, were reviewed retrospectively. Clinical characteristics of 23 patients who received antihistamines were compared with