

**Neurology** June 2009;72:e114). (Response and reprints: Dr John Koury, 900 Walnut St, Ste 200, Philadelphia, PA 19107. E-mail: [jshoury@gmail.com](mailto:jshoury@gmail.com)).

COMMENT. Dancing as a form of epilepsy is a complex automatism, such as running (epilepsia cursiva) or bicycling movements. Lennox WG, in his book on epilepsy (1960;page 260) refers to episodes of running, spinning round and around, in seizures following head injury.

## **CHANGING TRENDS IN ANTIPILEPTIC DRUG USAGE IN GIRLS**

Concerns about potential effects on offspring have prompted a gradual change in antiepileptic drug usage in girls of child-bearing age in the last decade, according to a study at the School of Pharmacy and Institute of Child Health, University of London, UK. More females aged 12-18 years are prescribed lamotrigine (LTG) than carbamazepine or sodium valproate, and the 10-fold increase in LTG in females is significantly greater than the 5-fold rise for males. (Ackers R, Besag FMC, Wade A, Murray ML, Wong ICK. **Arch Dis Child** 2009;94:443-447) (Respond: Ian Wong. E-mail: [ian.wong@pharmacy.ac.uk](mailto:ian.wong@pharmacy.ac.uk)).

## **MOVEMENT DISORDERS**

### **CLINICAL AND GENETIC ANALYSIS OF MYOCLONUS-DYSTONIA**

Eighty-six myoclonus-dystonia (M-D) index patients from the Dutch national referral center underwent clinical and genetic evaluation in a study at University of Amsterdam, and other centers in the Netherlands and Belgium. Age of onset was 1 – 18 years in 48 (56%) and during adulthood in the remainder. Based on clinical examination, 24 cases were classified as definite M-D, 23 were probable, and 39 possible cases. According to previously published criteria, definite M-D had early onset and a positive family history. In the definite group, 50% carried an SGCE mutation; in the probable group, 4%; and in the possible cases, none had the mutation. (Ritz K, Gerrits MCF, Foncke EMJ, et al. Myoclonus-dystonia: clinical and genetic evaluation of a large cohort. **J Neurol Neurosurg Psychiatry** June 2009;80:653-658). (Respond: Dr MAJ Tijssen, Department of Neurology, Academic Medical Centre, University of Amsterdam, PO Box 22660, 1100 DD Amsterdam, The Netherlands. E-mail: [m.a.tijssen@amc.uva.nl](mailto:m.a.tijssen@amc.uva.nl)).

COMMENT. Myoclonus-dystonia is a genetically heterogeneous movement disorder with autosomal dominant inheritance. The clinical manifestations are myoclonus and dystonia predominantly in the upper body, and in adults may respond to alcohol. A mild dystonia often presents as cervical dystonia or writer's cramp; the myoclonus is rhythmic or arrhythmic, bilateral, asymmetric, involving mainly the proximal arms and axial muscles. The major gene locus maps to the epsilon-sarcoglycan gene (SGCE, DYT11) on chromosome 7q21-22. Various SGCE mutations are reported in several families and sporadic cases. In 50% cases of M-D, no mutation is identified.