

Movement and Allied Disorders in Childhood.

Edited by M.M. Robertson and
V. Eapen. John Wiley and Sons, Chichester.
1995, 325 pp., ISBN 0-471-95324-5

Childhood movement disorders are just as fascinating as their adult counterparts, but they are much less well explored. Genetic reasons might explain why conditions such as Wilson's or Huntington's diseases often have different clinical expressions in younger people, but the mechanisms are still unclear. The clinical effects of structural damage are modified by the developing CNS, as classically seen in the evolution of dyskinetic cerebral palsy secondary to a perinatal hypoxic–ischaemic insult, where, perhaps, a neonate with a relatively mild neonatal encephalopathy becomes a floppy baby with feeding difficulties, but abnormal movements only appear after the first year or two — or in the case of late onset dystonia, in the second decade after initial normal development. Tic disorders are affected by age and sex; attention deficit hyperactivity disorder is much more common in boys (who remain overactive while asleep): again for largely unknown reasons. These and other clinical observations might help give insight into the maturation of the mechanisms behind these disorders. In addition there are a wide range of pathologies unique to childhood, such as glutaric aciduria type 1, with its predilection for the basal ganglia, or Rett's syndrome, a degenerative condition of unknown cause which only affects girls, which provoke more questions. An answer of recent interest has been the demonstration of an abnormal glycine receptor in both dominant and recessive forms of hyperekplexia, where neonates develop flexor hypertonia, feeding difficulties and startle-induced apnoeas, which respond to neck flexion, and adults develop startle-induced rigidity, hypnagogic jerks, mild learning difficulties and seizures, and the changing manifestations may reflect both the maturation of the receptor from the neonatal to the adult isoform and of the CNS itself.

Clinically, the more common types of childhood movement disorder include Gilles de la Tourette's syndrome and other tic disorders, infantile spasms, myoclonic epilepsy of various causes, such as Batten's disease, multiple stereotypies, nocturnal dystonia due to frontal lobe seizures and dystonic/dyskinetic cerebral palsies. Even in these conditions, finding the cause or effective treatment with acceptable side-effects is often not easy. Treatable conditions like dopa-responsive dystonia are still overlooked. However, in the last twelve months, my colleagues

and I have seen a 12-year-old with a three year history of progressive 'juvenile' Parkinsonism; an otherwise normal three-month-old child who, when placed prone, routinely adopted an almost U-shaped hyperextended posture but who has since developed normally; a schoolgirl with worsening pelvic floor myoclonus that causes vaginal popping noises; and a 16-year-old with the onset at two years of age of a progressive dystonia, with subsequent learning difficulties, seizures and axonal neuropathy, amongst other puzzling patients. The first may have a hitherto unreported clinical presentation of a metabolic disorder, but the others remain unexplained at present.

Movement and Allied Disorders in Childhood is therefore especially welcome since there is a lack of definitive texts on the subject. Predictably, it covers a huge range, from detailed chapters on topics such as Gilles de la Tourette's syndrome, Wilson's disease, or drug-related movement disorders, to compressed reviews of causes of extrapyramidal signs or rare metabolic/degenerative disorders, which include lengthy lists of differentials, as well as chapters on genetics, functional neuro-anatomy and neuro-imaging. This selection must partly reflect the availability and interests of the contributors and, apart, perhaps, from the space devoted to phenylketonuria, seems justified. Less predictable but equally interesting is the inclusion of chapters on psychiatric problems linked to movement disorders such as attention deficit and obsessive compulsive disorders, with or without tics, and developmental dysexecutive syndrome. The book is not meant to be exhaustive, but most of the common and rarer paediatric problems are covered. I would also like to have read sections on dyskinetic cerebral palsy and on alternating hemiplegia of infancy — a peculiar condition again of unknown origin where paroxysmal episode of nystagmus, dystonia and later hemiplegia, that resolve with sleep but recur after awakening, occur from early infancy and are followed by progressive dyskinesia and dementia, with no change on neuro-imaging.

I enjoyed this book. Although having an intrinsically interesting subject helps, most chapters are easy to read and well laid out. Some are very useful reference works for the sort of clinical problem illustrated above. I think that the editors succeed in their intention of mixing clinical management with up to date research findings. Most of the contributors are not paediatric neurologists, which I believe reflects the relative neglect of the subject by the speciality, especially as childhood movement disorders are not that rare. The slightly different emphasis that results is very instructive and one of the strengths of the book.

I am sure that paediatric neurologists will find this book worth reading and hopefully it might stimulate more interest in the field. It should also appeal to everyone with an interest in movement disorders.

P. Baxter



Hindawi
Submit your manuscripts at
<http://www.hindawi.com>

