repeats). The mutation length was longer in paternally (mean = 47.9 CAG units) than in maternally (mean = 41.3 CAG units) transmitted HC patients ($p < 0.05$). A significant inverse correlation was observed between repeat size and age at onset. There was no association between the CAG repeat length and a particular clinical presentation at onset.

Conclusion: Regarding the age at onset, genetic characteristics and clinical features during the course of the disease, patients in Croatia did not differ from the Western European population.

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Movement Disorders 2
Opsoclonus-myoclonus syndrome associated with herpes simplex encephalitis

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Background: Opsoclonus-myoclonus ataxia is a rare neurologic syndrome, often paraneoplastic in origin, but reported in association with various infections. Little is known about adult-onset opsoclonus-myoclonus syndrome (OMS) outside of individual case reports

Objective: Describe a case of herpes-simplex virus 1 encephalitis presenting as opsoclonus-myoclonus ataxia

Patients and methods: A 35 year-old woman, with no known comorbidities, developed a headache with nausea and vomiting, without fever or nuchal rigidity. In the following 48-hours, she presented an altered mental status, opsoclonus and myoclonus and was admitted to hospital. Lumbar puncture: 40 cells (60% mononuclear), protein 140 mg/dL and a normal glucose. Gram stain and culture for bacteria and fungi were negative. A PCR for herpes-simplex virus was positive. Brain MRI: normal. Chest, Abdomen and Pelvis CT: no signs of neoplasia.

Results: The patient received intra-venous acyclovir for 21 days, with resolution of symptoms

Conclusion: OMS is an uncommon presentation of infections of central nervous system. Its fame extends further to the fact that OMS can be a harbinger of occult malignancy. The Adult-onset presentation is rare. Paraneoplastic and parainfectious causes (particularly virus) are common; however, more often OMS in adults occurs after systemic infection. After this report, HSV1 infection should be considered in OMS cases. We described the first case of OMS secondary to Herpes-Simplex Virus 1 infection.

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