Multiple sclerosis, tropical spastic para-
paresis and HTLV-I infection

A course without remissions(s) and relapse(s) was the one clinical feature that
distinguished human T-cell lymphotrophic virus type-I (HTLV-I) associated tropical
spastic paraparesis (TSP) invariably from multiple sclerosis (MS) in the series of
cases reported by Rudge et al. We do not consider this to be an absolute rule since we have
reported a patient with HTLV-I associated TSP who did indeed manifest such a pattern of
illness.2

We should perhaps emphasize that our patient was an African, born and raised in
Swaziland where the very occurrence of MS is quite uncertain. Also, corticosteroids
not given, an intervention that might have contributed to the relapsing-remitting case in
a case of HTLV-I associated myelopathy described recently by McKendall et al.4

Rudge P, Ali A, Cruickshank JK. Multiple sclerosis, tropical spastic paraparesis and
HTLV-I infection in Afro-Caribbean patients in the United Kingdom. J Neurol Neurosurg

2 Gledhill RF, Siedtin P, Dessein PH. Antibody to HTLV-I in a black South African with

3 Poser CM,roman GC, Vernant J-C. Multiple sclerosis on HTLV-I myelitis? Neurology

4 McKendall SB, Ow S, Lairmore MD. HTLV-I associated myelopathy endemic in Texas-born

Rudge et al reply:

It is true that there are patients with HTLV-I positive tropical spastic paraparesis, who do
not show a progressive course, but they are exceptional. In fact, the major clinical
problem is differentiating patients with multiple sclerosis from those with TSP when the
course is progressive. Such a situation arises in HTLV-I endemic areas where the two
clinical entities co-exist, for example in Brazil. Obviously a small proportion of the population
will have HTLV-I antibodies in their serum, but as a rule in TSP the titres are higher,

often dramatically so, than in the asympto-
matic carriers, or patients with unrelated
illnesses.

In the black South African patient described by Gledhill et al. the titres of HTLV-I
antibodies in the serum and CSF were extremely high and the diagnostic catego-
rity into which he fell viz: TSP or MS, is heavily dependent upon the weight one gives
to an episode of unilateral visual failure that was irreversible and the improvement
observed. Whatever the diagnosis, this case is exceptional.

1 Gledhill RF, Dessein PH, Siedtin P. Antibody to HTLV-I in a black South African with

Neuropathological features of Alz-
heimer’s disease in non-demented Park-
insonian patients

I was interested to read about the two cases reported by Daniel and Lees.1 Both of
the patients had neuropathological features of Alzheimer’s disease and nigral loss but
clinically had dopa-responsive Parkinsonism. However, one of the interesting features of
their condition that may help distinguish such patients from those with idiopathic
Parkinson’s disease, is the speed with which they develop involuntary movements related
to therapy. In both of their cases the patients developed abnormal movements within 12
and six months of starting oral levadopa. This may relate to their combined pathology of
nigral loss with striatal plaques and neurofi-
lbrillary tangles. It will therefore be of interest to see if patients who develop early
dyskinetic movements with levadopa have similar neu-
ropathology.

ROGER BARKER
Department of Experimental Psychology,
Cambridge CB2 3EB, UK.

Daniel SE, Lees AJ. Neuropathological features
of Alzheimer’s disease in non-demented Park-
insonian patients. J Neurol Neurosurg Psy-

Focus on Parkinson’s Disease. Edited by
T CARACENI and G NAPPI (Pp 235;Price
88 214 2057 4

This account of the papers presented at
a postgraduate course concerning Parkinson’s and
extrapyramidal syndromes held at Trem-
ezzo, Italy in April of 1990 comprehensively
covers the pathophysiology of akinesia and
hypermimics, the aetiology of Parkinson’s
disease, the multiple system atrophies and
current problems and potential develop-
ments in therapy. All but 17 of the 56 contributors are from Italy and thus to a
considerable degree the book represents an
authoritative Italian statement concerning
this important group of movement disorders.
It is a most impressive account and the
balanced content reflects not only the excel-
ence of the contributors but also the editor-
ial skills of Professor Caraceni and Nappi.

The text is gratifyingly free of the irritating
defects often associated with precipitate
publication of proceedings and manages to
be both comprehensive and succinct. Partic-
ularly impressive is an account of the rena-
sissance of interest in the subthalamic nucleus
in the organization of basal ganglia function
by Rostedt, the biochemical and genetic aspects
of Parkinson’s disease by Gerlach and Reiderer, and Duvo-
sin’s critique of genetic and epidemiolog-
ical factors. Other impressive surveys cover
the neuropathology of the parkinsonian syn-
dromes, primary autonomic failure, single
photon emission computer tomography
and the management of late complications
of Parkinson’s disease. Perhaps because of the
radius of a series of recent developments in the therapy
on adenral mediulla implants is not the
strongest or most critical but does illustrate
the breadth of topics covered. The book is
printed in Italy and not surprisingly the excel-
ently produced and the print is agreeable to
read.

Gerald Stern

Brain Blood Flow in Neurology and
Psychiatry. Clinician’s Guide to Nuclear
Medicine Series. By DC COSTA and PJ ELL
Series Editor: PJ ELL (Pp 118; Illustrated;
Livingstone. ISBN 0 443 04282 9

This is a compact volume in the series
“Clinician’s Guide to Nuclear Medicine”
which is edited by the second author. The
first third of the book comprises technical
information about regional cerebral blood
flow measurement using single photon emis-
station tomography (SPET), data analysis and
interpretation of images. It is concise and
simply presented and has been made inter-
esting by the authors. The next three chapters of the
first part consist of examples of SPET in a variety of cerebral
disorders including migraine, epilepsy,
dementia, stroke and Parkinson’s disease.

The final third consists of 34 case studies of
patients with a number of clinical disorders,
often comparing SPET images with CT,
MRI and angiography investigations.

In conclusion, the book has a wealth of information and
is a delightful array of colour images which are
very pleasing to the eye. It demonstrates
the results of SPET in cerebral imaging
and, as such, will be of particular interest to
readers of this journal. It has a remarkably
low price despite the very high quality of
representations on the scans. Two minor
quibbles—the clinical descriptions of some of the
diseases are rather simplistic especially
in view of the readership at which the book
is aimed. Second, a sentence or two of what
future developments may hold for SPET
were very interesting and would
have put the book into perspective.

All in all, I highly recommend this book.
Had it not landed on my desk, I was even
considering buying it myself— quite an admission for someone of my budget!

ALISTAIR BURNS