# Early-Onset Dystonia, Exacerbation With Fever, and Striatal Signal Changes

Emerging Phenotype of DYT-PRKRA

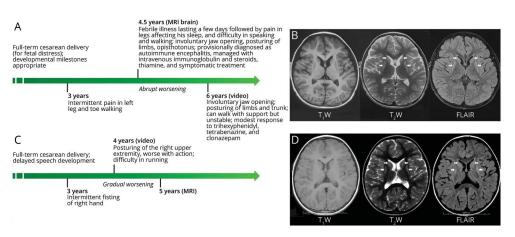
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Figure 1 Clinical Features and MRI Abnormalities



Timeline showing clinical features of the boy (A) and his sister (C); MRI of the boy (B) and his sister (D) showing striatal T2W and FLAIR hyperintensities (arrows) and mild cerebral atrophy (B).

A 6-year-old boy from Maharashtra, India, presented with subacute-onset generalized dystonia after a febrile illness; his sister manifested insidious-onset multifocal dystonia (Video 1). T2-weighted MRI showed striatal hyperintensities (Figure 1). Clinical exome sequencing detected a novel homozygous variant (c.127 G > T; G43C) in the PRKRA gene which encodes PACT, a stress-response protein. The variant was confirmed by Sanger sequencing (eFigure 1, links.lww. com/WNL/C111). DYT-PRKRA is a childhood-onset progressive dystonia. Some patients have exacerbation with fever and evidence of striatal degeneration in neuroimaging.<sup>2</sup> PACT-dependent activation of protein kinase R (PKR) leads to apoptosis.<sup>2</sup> Perhaps, the G43C PACT triggered abnormal activation of PKR and intensified neuronal apoptosis during febrile illness.

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Name	Location	Contribution
Suvorit Subhas Bhowmick, MD, DM	Movement Disorders Clinic, Vadodara Institute of Neurological Sciences, India	Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; analysis or interpretation of data
Sarbani Raha, MD	Child Neurology and Epilepsy Clinic, Vadodara, India	Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; analysis or interpretation of data

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Amita Bohora, MD	Baroda Imaging Center, Vadodara, India	Drafting/revision of the manuscript for content, including medical writing for content; analysis or interpretation of data

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