

1 **SUPPLEMENT**

2 **eAppendix 1:**

- 3 ▪ The patient had not suffered from similar symptoms before.
- 4 ▪ Laboratory diagnostics for metabolic-toxic etiology, neural autoantibodies and genetic testing
5 for Huntington disease were unremarkable.
- 6 ▪ In patients with new onset movement disorders of unknown cause, it is common practice at our
7 institution to perform a PET study of the brain to clarify etiology. The analysis of the PET
8 images included a semiquantitative evaluation. We calculated ratios of SUV max values of
9 striatum/cortex (St/Cx) of each hemisphere: St/Cx right = 2.96, St/Cx left = 2.20.
- 10 ▪ We treated the patient with the antibiotic clarithromycin because of a known allergy against
11 penicillin. Additionally, we applied a pulse therapy with methylprednisolone (500mg/day for
12 five days) which was not associated with an obvious remission of symptoms. Thus, we
13 subsequently started a treatment with intravenous immunoglobulins (IVIg, 2g/kg) ¹ leading to
14 significant improvement of the movement disorder.

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16 **eReferences:**

- 17 1. Depietri G, Carli N, Sica A, et al. Therapeutic aspects of Sydenham's Chorea: an update. Acta
18 Biomed 2022;92:e2021414.

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