

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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