Allele frequencies for patients with bipolar affective disorder and controls by allele based on number of DRD4 repeat units

<table>
<thead>
<tr>
<th>Allele</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (n=64)</td>
<td>0-11</td>
<td>0-09</td>
<td>0-66</td>
<td>0-16</td>
<td>0-02</td>
<td>0-05</td>
<td>0-66</td>
</tr>
<tr>
<td>Controls (n=46)</td>
<td>0-13</td>
<td>0-05</td>
<td>0-66</td>
<td>0-11</td>
<td>0-01</td>
<td>0-05</td>
<td>0-66</td>
</tr>
</tbody>
</table>

aetiology of any neurological or psychiatric disorder.

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3-M syndrome and intracerebral aneurysms

Mueller et al. have recently described a boy with typical features of the 3-M syndrome and two intracranial saccular aneurysms. They suggested that other patients with this disorder should be screened for similar complications. We have reinvestigated two of the three sibs with this syndrome who were described in 1987. They had no symptoms on neurological investigation and magnetic resonance angiography of the brain gave normal results.

We concur with Mueller et al. that the 3-M syndrome may be a generalised disorder of connective tissue, and we initiated both biochemical and molecular studies. The first results indicated a relatively low production of type III collagen by cultured fibroblasts. Collagen type III was less than 4% of total collagen as determined by electrophoretic analysis in both subjects. Further studies are presently in progress.

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3-M syndrome and intracerebral aneurysms.

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