

apparent. In addition to the four primary symptoms, many children also suffer from constructional apraxia, an inability to copy simple drawings. Frequently, there is also impairment in reading (dyslexia). Children with good intellectual function as well as those with brain damage may be affected.

**Features Agraphia** is diagnosed by:

- Illegible or very poor writing.
- Inconsistencies in forming letters.
- Mixture of upper and lower case letters or print and cursory writing.
- Irregular letter sizes and shapes.
- Unfinished letters.
- They struggle to use writing for communication.

**Acalculia** is tested by asking the patient to do serial subtraction of 7 from 100. This means 100, 93, 86, 79, 72, etc. It must be interpreted in the light of the educational level of the patient including the age of a child. An easier test may be applicable, especially for children.

**Finger agnosia** is difficulty in distinguishing fingers on the hand. It is tested by asking questions like, "Touch my index finger with your index finger" and "Touch your nose with your little finger."

**Left-right disorientation** is confusion of the right and left limbs and indicates a lesion in the dominant parietal lobe. It is tested by questions like, "Show me your left hand. Touch your right foot" and "Touch your left ear with your right hand." A positive test is the inability to obey these commands in the presence of otherwise normal sensory and motor function.

**Differential Diagnosis** The condition should not be confused with Gerstmann-Strussler syndrome or Gerstmann-Strussler-Scheinker syndrome that is a transmissible spongiform encephalopathy.

**Investigations** MRI scan will usually show a lesion of the angular gyrus in the left parietal lobe.

**Associated Diseases** As well as occurring in strokes, head injuries and developmental disorders the syndrome has been associated with cerebral atrophy, alcoholism, carbon monoxide poisoning, lead poisoning, anaphylactic shock and SLE3.

**Management and prognosis** There is no cure for Gerstmann's syndrome. Treatment is symptomatic and supportive. Occupational and speech therapies may help diminish the dysgraphia and apraxia. Calculators and word processors may help school children cope with the symptoms of the disorder.

In adults, many of the symptoms diminish with time. Although it has been suggested that in children symptoms may diminish over time, it appears likely that most children