The deleterious effects of EDC have been known since the 1950's. However, government regulation on the permissible levels of EDC in the industrial workplace has lagged behind the research. We present findings of significant dose-response differences on four measures of attention, a measure of problem solving, and a measure of verbal comprehension between two groups of minimally and severely EDC exposed participants, as well as an overwhelming preponderance of expected dose-response, if not significant, differences between these two groups.

Neuropsychological profiles of adults with Klinefelter Syndrome
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Children and adolescents with Klinefelter syndrome (XXY) have been reported to show deficits in language processing including VIQ < PIQ and a learning disability in reading and spelling. However, whether this is characteristic of adults with Klinefelter syndrome has not been established. The purpose of the present study was to determine: 1) whether learning disabilities and/or other cognitive abnormalities exist in adults with Klinefelter syndrome, and 2) whether the Klinefelter syndrome population is cognitively homogeneous or contains identifiable subgroups. Thirty-five men with Klinefelter syndrome, aged 16 to 61, and 22 controls were evaluated with a comprehensive neuropsychological battery. The Klinefelter patients scored significantly below controls in language skills, verbal processing speed, verbal and nonverbal executive abilities, and motor dexterity. Within the Klinefelter sample, 3 cognitively distinct subgroups were identified: VIQ 7 or more points below PIQ (n = 10), VIQ within 6 points of PIQ (n = 12), and PIQ 7 or more points below VIQ (n = 12). The deficits detected in language, verbal processing speed, and verbal executive skills were found to be isolated to the VIQ < PIQ subgroup, while the abnormalities in motor dexterity and nonverbal executive skills were confined to the PIQ < VIQ subgroup. Older age was significantly correlated with increases in VIQ relative to PIQ in the patient group, which suggests the intriguing possibility that the PIQ < VIQ subgroup primarily emerges in young adulthood, perhaps in response to the reported hormonal abnormalities detected in Klinefelter syndrome patients during puberty.

A case of Klinefelter’s Syndrome with lupus: coincidence or causality?
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Both systemic lupus erythematosus (SLE) and Klinefelter’s syndrome (KS) are relatively rare disorders. KS is a sex chromosome abnormality associated with hypogonadism, lack of secondary sexual characteristics, and an increased risk for certain types of disorders, including breast cancer and SLE. Lupus is an autoimmune disease that occurs 5 times more frequently in females and results in damage to multiple organ systems including the nervous system. Neuropsychological (NP) deficits in SLE can range from mild cognitive inefficiency to dementia. Although no single pattern of NP deficits has been associated with SLE, most studies find problems with attention, psychomotor speed, memory, and executive function. NP deficits associated with KS include verbal learning, phonological processing and low verbal IQ. Both KS and SLE may be associated with psychiatric illness. Although limited, some researchers have described NP deficits with KS and SLE. However, very little is known about NP deficits in patients with both SLE and KS. We describe the case of AJ, a 33-year-old bilingual Mexican–American male who received NP and psychiatric assessments before and following a severe psychotic episode associated with a SLE disease flare. AJ’s SLE was diagnosed in 1996 and 4 years later was diagnosed with KS (XXY karyotype). He had a history of hypertension