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Recently identified or confirmed forms of hereditary chorea

Designation	Less common movement phenotype	Clinical clues	OMIM	MOI
CHOR-*PDE10A*[1, 2]		Recessive form: Childhood onset axial hypotonia, chorea, ballism, variable orofacial dyskinesia, variable cognition, and normal brain MRI Dominant form: slowly progressive chorea with normal cognition, brain MRI with bilateral T2 striatal hyperintensity	616921 (AR), 616922 (AD)	AR and AD, often de-novo
Combined phenotypes: where chorea coexists with (an)other movement disorder(s) as a prominent and consistent feature				
DYT/CHOR-*ADAR*[3, 4]	Spasticity	Aicardi-Goutières syndrome, includes dystonia and spastic paraparesis, MRI may reveal isolated bilateral striatal necrosis, adult-onset psychological difficulties, linked to characteristic interferon signature (upregulation of interferon-stimulated genes)	615010	AR, rarely AD
DYT/CHOR-*FOXG1*[5-7]	Dyskinesia	Rett-like phenotype (with congenital encephalopathy)	613454	AD
DYT/CHOR-*GNAO1*[8, 9]	Myoclonus	Hypotonia, motor delay. Exacerbated by febrile illness, stress, high ambient temperature	617493	AD
ATX/CHOR-*RNF216*[10-12]		Huntington-like disorder, chorea develops in second or third decade, gait ataxia, nystagmus, dysarthria and dysmetria. Hypogonadotropic hypogonadism	212840	AR

AD = autosomal dominant, AR = autosomal recessive, MOI = mode of inheritance, OMIM = Online Mendelian Inheritance in Man (https://www.omim.org/about)

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