Table 2
Summary of the Biochemical and Clinical Evolution in 20 Peroxisomal-Disorder Patients Treated with DHA Ethyl Ester

Follow-up test	Improvement
DHA	20/20
VLCFA ratios	18/20
Plasmalogen ratios	12/20
Liver tests	20/20
Vision	12/20
Social contact	17/20
Muscle Tone	13/20
MRI	9/12

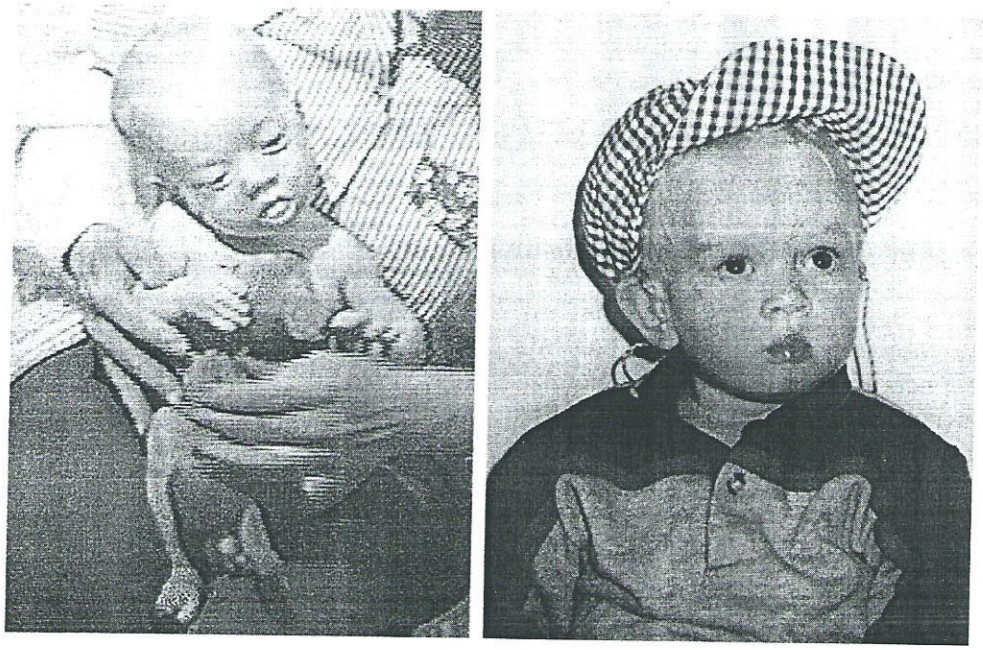

Fig. 3. Patient #2. Left, at 4 mo of age, before the DHA treatment was started. The child had severe steatorrhea, hypotonia, and failure to thrive. Right, after 1 yr of treatment with 300 mg/d of DHA ethyl ester. There was a marked improvement in liver function, growth, muscle tone, vision, and social contact.

This patient is now capable of walking normally, climbing steps, and even riding a bicycle. He is very social and communicates verbally, although with an elementary language. Another patient (patient #2) had severe steatorrhea at 4 mo of age, which virtually disappeared in 3 wk. Interestingly, this infant had been receiving a triglyceride mixture with 40–45% of DHA since 1 mo before the DHA-EE treatment and the steatorrhea persisted. Body weight, liver function, and muscle tone improved markedly with the DHA-EE in this child, and he has now a good eye contact (Fig. 3). Patient #4 had severe liver disease and marasmus at 5 mo of age. A few weeks later, her liver function, body weight, and muscle tone, and strength had improved spectacularly (Martinez et al., 2000). Another patient, who started DHA therapy at 9 mo of age and had marked hypotonia and marasmus, improved dramatically during the first year of treatment (Martinez, 1995). Unfortunately, this child unexpectedly died from septicemia a few months later.

In the patients that started the treatment after 1 yr of age, improvement was less constant, and some stabilized after an initial period of ameliora-