Background:
GRIN1-associated disorders are related with neurological diseases. Both heterozygous and homozygous mutations were identified.

Case Report:
20-months-old male patient.
At 1 months, cow’s milk protein allergy
Insufficient weight gain
Nutritional problems
Hypotonic throughout infancy.
No neuromotor gains

37 weeks of gestation, C/S delivery,
Birth weight 3100 gr
The family was non-consanguineous.
History of 3 first trimester miscarriage

Physical Examination:
Weight: 7600 gr (-3.5 SDS)
Height. 78 cm (-1.5 SDS)
Head Circumstance: 46.5 cm (-2.6 SDS)
Dyskinetic leg movements
Oculogyric eye movements
Unable to sitting

Laboratory Findings:
Prolactin level was elevated.
CFS low HVA, biopterin and mildly elevated 5-HIAA values.
The cranial MRI: Bilateral fronto temporal cortex atrophy (Figure 2)
EEG: infantile spasms were consistent with hypersrrhythmia.
Visual evoked potentials showed severe defect.
GRIN1 gene: de novo heterozygous variant (p.Ile663Ser)

Results:
GRIN1-related disorders should be considered in cases presenting with oculogyric crises, dyskinetic movement disorders and severe epileptic encephalopathy.