

HEADACHE DISORDERS

CHILDHOOD MIGRAINE AND INFANTILE COLIC

Investigators at the Robert Debre Hospital, Paris, and other centers in France and Italy report a case-control study of 208 consecutive children aged 6 to 18 years presenting to the ED and diagnosed with migraine and controls with minor trauma. Children with migraine (with or without aura) were more likely to have experienced infantile colic than those without migraine ($p < 0.001$). In a second study of 120 children diagnosed with tension-type headache, this association was not found ($p = 0.10$). (Romanello S, Spiri D, Marcuzzi E, et al. Association between childhood migraine and history of infantile colic. **JAMA** 2013 Apr 17;309(15):1607-12). (Response: Dr Luigi Titomanlio. E-mail: Luigi.titomanlio@rdb.aphp.fr).

COMMENT. An editorial (Epstein LG, Zee PC. Infantile colic and migraine. **JAMA** 2013 Apr 17;309(15):1636-7) notes that migraine disorders may represent a continuum from colic in infancy to cyclic vomiting syndrome in young children to childhood and adult migraine. Infantile colic is an early form of migraine and is subject to the same genetic factors and environmental triggers. Both are affected by the sleep-wake cycle. Other periodic disorders discussed as migraine variants include benign paroxysmal vertigo and benign paroxysmal torticollis. (Response: Dr Leon G Epstein, Ann & Robert H Lurie Children's Hospital of Chicago. E-mail. L-Epstein@northwestern.edu).

HEADACHE AND VASCULAR EVENTS WITH BRAIN TUMORS

Investigators at the Children's Hospital of Philadelphia, PA, performed a retrospective study of 265 children with brain tumors who received cranial irradiation and developed severe recurrent headache. Review of medical records found that stroke or TIA occurred in 7/37 (19%) with severe headache compared to 6/228 (3%) without these events, when followed for a median of 6.0 years ($p = 0.003$). Median time for a first neurovascular event was 4.9 years (range 1.7-5.5 years). (Kranick SM, Campen CJ, Kasner SE, et al. Headache as a risk factor for neurovascular events in pediatric brain tumor patients. **Neurology** 2013 Apr 16;80(16):1452-6). (Response: Dr Kranick. E-mail: sarah.kranick@nih.gov).

COMMENT. Severe recurrent headache is a risk factor for subsequent cerebral ischemia in pediatric brain tumor survivors treated with radiation. The investigators distinguish between these neurovascular events and the syndrome of stroke-like migraine after radiation therapy (SMART). SMART is characterized by neurologic deficits that resolve completely after weeks or months, without EEG evidence of seizures, and transient MRI changes of posterior cortical gyral enhancement following cranial irradiation (Pruitt A, et al. **Neurology** 2006 Aug 22;67(4):676-8; Partap S, et al. **Neurology** 2006 Apr 11;66(7):1105-7). Longer life expectancy of children with brain tumors increases the prevalence of complications and the importance of close neurologic surveillance.