

29% at birth to 15% at 6 hours of age. Prothrombin time was >100 sec. Cranial ultrasound showed hemorrhage in the tentorium and hydrocephalus. CT also revealed a large cerebellar hemorrhage. Clinical findings included multiple ecchymoses, gastric hemorrhage, hematuria, a tense fontanelle, head circumference at the 95th percentile, hypotonia, and ocular bobbing and nystagmus. Transfusion, a second injection of vitamin K, and ventriculoperitoneal shunt were followed by recovery and discharge in care of grandmother on day 23. (Karlłowicz MG, White LE. Severe intracranial hemorrhage in a term neonate associated with maternal acetylsalicylic acid ingestion. Clin Pediatr Dec 1993;32:740-743). (Respond: M Gary Karłowicz MD, Department of Pediatrics, Eastern Virginia Medical School, Children's Hospital of The King's Daughters, 601 Children's Lane, Norfolk, VA 23507).

COMMENT. Maternal salicylate ingestion should be considered in the etiology of neonatal intracranial hemorrhage without birth trauma. The infant's relatively low salicylate level is not inconsistent with chronic toxicity.

Surfactant therapy for respiratory distress syndrome in newborns of 600-750 g birth weight caused an increased risk of grades I and II intracranial hemorrhage compared to controls, in analyses of the literature by researchers at Ross Laboratories, Columbus, OH (Gunkel JH, Banks PLC. Pediatrics Dec 1993;92:775-786).

INFECTIOUS DISORDERS

LYME DISEASE NEUROLOGIC SYNDROMES

The neurologic manifestations and syndromes associated with Lyme disease are reported in 96 patients, ages 3 to 19 years, living on Long Island and referred to University Hospital, Stony Brook, New York. All were seropositive for anti-*B burgdorferi* antibodies. One-third had no prior history of extraneural manifestations of Lyme disease (erythema migrans, arthritis, flulike symptoms, and arthralgias/myalgias), and 90% had no memory of a tick bite. The most frequent neurologic symptom was headache (in 71%), and the most common sign was facial palsy (14%). Sleep disturbance was reported in 7%, papilledema was present in 6%, diplopia in 2%, and 1 had a Guillain-Barre-like syndrome with a CSF protein of 231 mg/dL. Elevations in CSF protein (32-58 mg/dL) were found in 25 of 53 patients examined, and a mild lymphocytic pleocytosis in 15. Neurologic syndromes included encephalopathy, lymphocytic meningitis, cranial neuropathy, and pseudotumor cerebri. (Belman AL et al. Neurologic manifestations in children with North American Lyme disease. Neurology Dec 1993;43:2609-2614). (Reprints: Dr AL Belman, Department of Neurology, HSC T-12-020, SUNY at Stony Brook, Stony Brook, NY 11794).

COMMENT. The clinical course of Lyme disease in most children in this study was milder and shorter than that reported for adults, and meningoradiculitis (Bannwarth's syndrome) and peripheral neuropathy syndromes were rare. A pseudotumor cerebri syndrome appears to be unique to childhood Lyme disease. A first report of stroke caused by Lyme disease in North America involved a woman of 56 years (Reik L, Jr. Neurology Dec 1993;43:2705-2707).