

These included antithrombin deficiency, protein C deficiency, protein S deficiency, factor V, factor H, and combined thrombophilias. Thrombophilias are risk factors for first incident stroke. Outcome and recurrence risk of stroke need further investigation.

ANTITHROMBOTIC TREATMENT IN NEONATAL CEREBRAL SINOVENOUS THROMBOSIS

Researchers involved with the International Pediatric Stroke Study enrolled 341 neonates with cerebral sinovenous thrombosis (CSVT) from 10 countries from 2003 through 2007. Neuroimaging findings, available in 67 of 84 term neonates with isolated CSVT, included venous ischemic infarction in 5, hemorrhagic infarction in 13, both infarction and hemorrhage in 26, and no parenchymal lesions in 23. Treatment data, available for 81/84 neonates, included antithrombotic medications in 52% (n=43) as follows: heparin (14), low molecular weight heparin (34), warfarin (1), and aspirin (2). Deep venous system thrombosis (P=0.05), and location in the US (P=0.001) predicted non-treatment with antithrombotic medications. Presence of infarction, hemorrhage, dehydration, systemic illness, and age did not predict treatment or non-treatment. On multivariate analysis, only geographic location was a significant predictor of treatment or non-treatment. (Jordan LC, Rafay MF, Smith SE, et al. Antithrombotic treatment in neonatal cerebral sinovenous thrombosis: Results of the International Pediatric Stroke Study. **J Pediatr** May 2010;156:704-710). (Reprints: Stephen Ashwal MD, Dept Pediatrics, Loma Linda University School of Medicine, 111785 Campus St, Loma Linda, CA 92350. E-mail: sashwal@llu.edu).

COMMENT. Treatment of neonatal cerebral sinovenous thrombosis in international centers is variable and regional, and the indications and choice of antithrombotic medications are poorly defined. In an editorial, Massicotti MP et al. emphasize the importance of defining the “best” care for neonates with CSVT (**J Pediatr** 2010;156(5):695-696). The long-term outlook for neonatal CSVT is estimated to be severe, with disabilities up to 58% with developmental delay, 28% cerebral palsy, and 20% seizure disorders (Roach ES et al. **Stroke** 2008;39:2644-2691). The American Heart Association recommends antithrombotic therapy for neonates with severe thrombophilic disorders, multiple emboli, or propagating CSVT.

INFECTIOUS DISORDERS

VACCINE-ASSOCIATED HERPES ZOSTER OPHTHALMICUS AND ENCEPHALITIS

The case of an immunocompetent 3 and half-year-old girl who developed encephalitis and herpes zoster ophthalmicus 20 months after immunization with varicella-zoster virus vaccine is reported from Children’s Hospital, Athens, Greece, and University College, London, UK. She presented with herpetiform rash on the right half of her face, dizziness, vomiting, and somnolence. The rash followed the distribution of the ophthalmic branch of the trigeminal nerve and extended to the tip of the nose