

ANTIPHOSPHOLIPID IMMUNOREACTIVITY AND TIAs

Clinical features that may predict the presence of antiphospholipid antibodies (aPL) in young patients with transient focal neurological events were determined in a study at the Henry Ford Hospital, Detroit, MI. Among 68 patients 29 were aPL-positive and 39 aPL-negative. The aPL-positive group was distinguished by a greater frequency of monocular visual symptoms, hemisensory symptoms, and systemic lupus erythematosus and less common binocular visual symptoms, accompanying headache, and personal and family history of migraine. Amaurosis fugax, unilateral paresthesias, and absence of a family history of migraine may predict aPL positivity (lupus anticoagulants and/or anticardiolipin antibodies) in young persons with transient focal neurologic deficits. (Tietjen GE, Levine SR, Welch KMA et al. Factors that predict antiphospholipid immunoreactivity in young people with transient focal neurological events. Arch Neurol Aug 1993;50:833-836). (Reprints: Dr Tietjen, Neurology, K-11, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202).

COMMENT. Cerebral infarction, transient ischemic attacks (TIAs), and migraine have been associated with aPL positivity. Immune-mediated thrombotic tendency conferred by the antibodies has been postulated. Monocular visual loss, hemiparesthesia, and no family history of migraine in young patients with transient focal neurological events should prompt examination for aPL antibodies and further determination of risk of stroke.

HEMORRHAGIC STROKE IN INFANTS AND CHILDREN

Medical and autopsy records, and brain imaging studies of 178 children with possible stroke within the Greater Cincinnati metropolitan area child population of almost 300,000 during 1988 and 1989 were reviewed in the Departments of Neurology and Neuroradiology, University of Cincinnati and Children's Hospital Medical Centers. Stroke occurred in 16 cases (13 whites and 3 blacks), with an overall yearly incidence rate of 2.7 strokes per 100,000 children. The rate was similar for blacks and whites and for boys and girls. The combined incidence rate for intracerebral and subarachnoid hemorrhage of 1.5 per 100,000 was slightly greater than the rate for cerebral infarction of 1.2 per 100,000. Hemorrhagic stroke was related to arteriovenous malformation in 3 cases, cavernous hemangioma in 2, hypothalamic glioma in 2, and aneurysm in one. Mortality for hemorrhagic stroke was 22% as compared to 14% for cerebral infarction. (Broderick J et al. Stroke in children within a major metropolitan area: the surprising importance of intracerebral hemorrhage. J Child Neurol July 1993;8:250-255). (Respond: Dr Joseph Broderick, University of Cincinnati, Dept of Neurology, 231 Bethesda Ave, Cincinnati, OH 45267).

COMMENT. In 81 children < 17 yrs of age evaluated for stroke at the Medical College of Georgia, hemorrhagic stroke occurred in only 16 (20%), of whom 12 had intracerebral and 4 subarachnoid hemorrhage. Seizures occurred in 47%, and were recurrent in 26%. A late onset of seizures and cortical infarction were risk factors for recurrent seizures.(Yang JS, Park YD, Hartlage P. Ann Neurol Sept 1993;34:445, abstr).

LATERAL MEDULLARY SYNDROME FOLLOWING VARICELLA

The acute onset of lateral medullary (Wallenberg's) syndrome in a 6-year-old boy 32 days after varicella infection is reported from the Children's Hospital, Harvard Med Sch, Boston. He presented with headache, dizziness, nausea and vomiting, blurred vision, and a tendency to fall to the right. Signs included anisocoria (ipsilateral Horner's sign), right ptosis, nystagmus, dysmetria, Romberg's sign, ataxia, and hypalgesia in left leg. CT was normal but MRI showed high T2 signal in right medulla. Sequelae at 5 months were bilateral exophoria, head tilt, rotary nystagmus, and hypoesthesia of right face. (Kovacs SO et al. Lateral medullary syndrome following varicella infection. AJDC Aug 1993;147:823-825). (Reprints: Dr Karl Kuban, Dept Neurology, Children's Hospital, 300 Longwood Ave, Boston, MA 02115).

COMMENT. The signs and symptoms together with MRI findings point to lateral medullary infarction in the distribution of the posterior inferior cerebellar artery. Vasculitis was the most likely pathology.

ATTENTION DEFICIT DISORDERS

METHYLPHENIDATE AND DESIPRAMINE TOXICITIES

A double-blind controlled study of medications in 12 children with ADHD at New York University and Stony Brook Schools of Medicine showed that nausea, vomiting, dry mouth, tremor, headache, anorexia, lassitude, and tachycardia occurred more frequently when methylphenidate (20 mg) and desipramine (148 mg/day) were combined in therapy compared to either medication alone. (Pataki CS et al. Side effects of methylphenidate and desipramine alone and in combination in children. J Am Acad Child Adolesc Psychiatry Sept 1993;32:1065-1072). (Reprints: Dr Pataki, Department of Psychiatry, New York University School of Medicine, 550 First Ave, New York, NY 10016).

COMMENT. Behavioral improvements found with tricyclic antidepressants and the positive effects of stimulants on cognitive tasks have prompted combined drug therapy of ADHD. The authors advise larger samples and longer trials before the safety of these drug interactions may be established.