

Kwee RM et al in the Netherlands review the significance of dilated VRS (**Radiographics** 2007;27:1071-1086). The three characteristic locations for dilated VRS are lenticulostriate arteries, perforating medullary arteries, and the midbrain. Occasionally, VR spaces become very large and even cause mass effect. The signal intensity is identical to that of CSF. They should be differentiated from lacunar infarctions, periventricular leukomalacia, multiple sclerosis, arachnoid cysts, cystic neoplasms, and neurocysticercosis.

DEVELOPMENTAL DISORDERS

RISKS OF PLAGIOCEPHALY AND TORTICOLLIS IN NEWBORNS

The incidence and characteristics of torticollis, plagiocephaly and facial asymmetry were evaluated prospectively by photographic analysis in 102 healthy newborn infants in a study at University of California, San Diego. Asymmetries of craniofacial development affecting 73% of newborns included torticollis in 16%, asymmetrical mandible in 13%, facial asymmetry in 42%, and asymmetry of the head in 61%. Malposition of head and neck in utero for 6 weeks or more before delivery was associated with torticollis; larger babies, birth trauma and long labor with facial asymmetry; and birth trauma with plagiocephaly. Identification of affected newborns should prompt positioning recommendations to prevent secondary craniofacial deformities. (Stellwagen L, Hubbard E, Chambers C, Jones KL. Torticollis, facial asymmetry and plagiocephaly in normal newborns. **Arch Dis Child** Oct 2008;93:827-831). (Respond: Dr L Stellwagen, Mail Code 8774, Division of Neonatology, University of California, San Diego, Medical Center, 200 West Arbor Drive, San Diego, CA 92103. E-mail: lstellwagen@ucsd.edu).

COMMENT. Early detection of torticollis by neck range of motion assessment at birth may prompt physiotherapy and head positioning that will prevent posterior plagiocephaly.

DEVELOPMENTAL OUTCOME OF PRETERM INFANTS WITH SEVERE INTRAVENTRICULAR HEMORRHAGE

Of 214 preterm infants studied at Wilhelmina Children's Hospital, Utrecht, the Netherlands, 94 (44%) had a grade III intraventricular hemorrhage (IVH), and 120 (56%) had a grade IV hemorrhage. Post-hemorrhagic ventricular dilatation (PHVD) developed significantly more often in survivors with grade III hemorrhage (78%) than in infants with grade IV hemorrhage (53%)($p=0.002$). Cerebral palsy developed in 7.4% of the surviving grade III group, compared with 48.7% with a grade IV hemorrhage ($p<0.001$). The mean developmental quotient (DQ) was 99 in grade III group and 95 in the grade IV group at 24 months corrected age. The DQ was significantly lower in infants with cerebral palsy, irrespective of severity of IVH. (Brouwer A, Groenendaal F, van Haastert I-L, et al. **J Pediatr** May 2008;152:648-654). (Reprints: Linda S de Vries MD PhD, Department of Neonatology, Wilhelmina Children's Hospital, Utrecht, The Netherlands. E-mail: L.S.deVries@umcutrecht.nl).

COMMENT. Outcome was better than expected in preterm infants with severe IVH.