

May;11(3):203-10). These researchers at the UCSF MS Center report the initial brain MRI scan of younger patients shows more frequent involvement of the posterior fossa and higher numbers of ovoid, ill-defined T2-bright foci that often partially resolve on the follow-up scan. The spinal fluid in younger patients may fail to reveal oligoclonal bands or elevated IgG index at disease onset. No therapy for MS in children has been approved by the US Food and Drug Administration. As a result, physicians have started to use off-label drugs approved for adults.

VASCULAR DISORDERS

FACTORS ASSOCIATED WITH AGGRESSIVE CARE AND MORTALITY OF PEDIATRIC STROKE

Researchers at University of Utah, Salt Lake City, performed a retrospective study of 10,236 children hospitalized and discharged with a diagnosis of hemorrhagic or ischemic stroke in the USA during years 2000 and 2003. Demographics, predisposing conditions, and intensive or aggressive care were compared by type of stroke and hospital, Children's or non-Children's. Hemorrhagic stroke, occurring in 43% of stroke discharges, was more common in younger children (60% of all infant strokes), and had a higher mortality. Ischemic stroke was more common in older children (50% in children >10 years of age), and more frequently associated with a predisposing condition (leukemia, congenital heart disease, sickle cell anemia). Rates of intensive (mechanical ventilation, advanced monitoring) and aggressive (pharmacological therapy or invasive interventions) care were 30% at Children's and 15% at non-Children's Hospitals, and similar by stroke type. Older children, those with hemorrhagic stroke and predisposing conditions, and those treated at a Children's Hospital received aggressive care. In-hospital mortality (11% with hemorrhagic stroke and 7% ischemic stroke) was associated with hemorrhagic stroke and aggressive care. (Statler KD, Dong L, Nielsen DM, Bratton SL. Pediatric stroke: clinical characteristics, acute care utilization patterns, and mortality. *Childs Nerv Syst* April 2011;27:565-573). (Dr Statler, Department of Pediatrics, University of Utah, PO Box 2581289, 295 Chipeta Way, Salt Lake City, UT 84158. E-mail: kim.statler@hsc.utah.edu).

COMMENT. Pediatric stroke patients receive similar acute care for hemorrhagic or ischemic stroke. Intensive and aggressive care is provided infrequently but is more common at Children's than non-Children's Hospitals. Mortality is relatively high (7-11%) and might be reduced by implementation of recently published treatment recommendations (Roach ES et al. *Stroke* 2008;39:2644-2691; DeVeber G. *Lancet Neurol* 2005;4:432-436; Cardenas JF et al. *Childs Nerv Syst* Feb 2011;Epub).

Moyamoya disease in early infancy. (Amlie-Lefond C, et al. *Pediatr Neurol* April 2011;44:299-302). A 2-month-old boy presenting with stroke secondary to moyamoya disease, and successfully treated with revascularization surgery at age 3 months is reported from the Medical College of Wisconsin, Milwaukee, WI. A rare occurrence in infancy, moyamoya patients are at risk of further ischemic events.