

Ventricular shunt was performed in 14 infants, with resolution of symptoms in 7 (in 5 of 8 with grade I, 2 of 4 with grade II, and none of 2 with grade III symptoms). Of 10 with posterior fossa decompressions, symptoms resolved in only 2 (in 1 of 4 with grade I, one of 2 with grade II, and none of 4 with grade III symptoms). Within 6 months after symptoms began, one infant with grade II and 3 with grade III died. No deaths occurred with the grade I group. Infants with grade II or III symptoms have more extensive brain stem damage, such as hemorrhage, infarction and necrosis, and carry a poor prognosis whereas those with grade I symptoms often improve after neurosurgical procedures. (Charney EB et al. Management of Chiari II complications in infants with myelomeningocele. J. Pediatr 1987;111:364-71).

COMMENT: The grading of cases according to complications is useful in investigation, treatment and prognosis. In a previous study from the University of Toronto (Park TS et al. Neurosurgery 1983;13:147), decompression was recommended before rapid neurologic deterioration takes place, even if a functioning shunt is present. Of 45 infants with surgical decompression of the Chiari malformation, 28 survived and showed improved neurologic function and in 24 of these, recovery was complete. About 71% died of those patients who developed cardiorespiratory arrest, vocal cord paralysis, or arm weakness within 2 weeks before decompression, compared with 22% of those with more gradual neurologic deterioration.

BRAIN TUMORS

SUBARACHNOID HEMORRHAGE FROM BRAIN TUMORS

Six children with subarachnoid hemorrhage as the initial symptom of brain tumor are reported from the Depts of Neurosurgery, Univ. of Occupational and Environmental Health, Kitakyushu, and Kumamoto Univ Med Sch, Kumamoto. They represented a 3.6% of 167 new pediatric cases of brain tumor seen in 7-17 years at 2 centers in Japan. Two neonates presented with irritability, vomiting, cyanotic spells, and unilateral facial paresis. Four children, ages 4 to 15 years, developed sudden headache and vomiting with or without alteration of consciousness. The tumor locations were posterior fossa (2 medulloblastomas, one ependymoma, one hemangioma) and hypothalamus (one astrocytoma and one unverified). All were located close to the III or IV ventricles. The ultimate prognosis was poor. (Yokota A et al. Child's Nerv Syst 1987;3:65-69).

COMMENT: Medulloblastoma is more apt to bleed than other neuroectodermal tumors in pediatric patients. Compared to brain tumors in adults, those in children bleed more frequently and are more commonly located in the posterior fossa. Brain tumor should be considered as a possible etiology of subarachnoid hemorrhage in the neonate and child.

MUSCLE DISEASE

CONGENITAL MYOTONIC DYSTROPHY

Ten infants with congenital myotonic dystrophy admitted to the Dept