

MRI was normal at first but 3 months later, showed hyperintense, nonenhancing foci in the deep white matter. Eye exam showed anterior uveitis, responsive to topical corticosteroids. Within one month, a third episode with similar features, complicated by meningismus and photophobia, developed 3 days following a varicella zoster virus rash in the distribution of the left 4th thoracic root dermatome. CSF revealed 416 WBC/mm³ (31% neutrophils, 61% monocytes); PCR tests for VZV and HSV were negative. Angiogram was normal. Resolution of symptoms and MRI white matter changes followed steroid and methotrexate treatment. She was stable for 1 year and then relapsed with recurrence of fever, vomiting, meningismus, and uveitis, and also focal seizures. A right frontal brain and meningeal biopsy revealed perivascular lymphocytic infiltration of small to medium-sized vessels positive for CD4 lymphocytes. Remission followed treatment with steroids and methotrexate. (Yaari R, Anselm IA, Szer IS, et al. Childhood primary angiitis of the central nervous system: Two biopsy proven patients. *J Pediatr* November 2004;145:693-697). (Reprints: Joseph G Gleeson MD, UCSD School of Medicine, MTF 312, 9500 Gilman Drive, La Jolla, CA 92093).

COMMENT. These cases of primary CNS angiitis demonstrate the difficulties in diagnosis and the importance of early brain biopsy despite a normal angiogram. CSF examinations are typical of aseptic meningitis. The diagnosis of PACNS is based on clinical, radiographic, and biopsy correlation and exclusion of infection, toxin, drugs, neoplasm, or systemic disease. Ten previous references to cases with histological confirmation are cited. Treatment recommended is a combination of corticosteroid and cyclophosphamide. A VZV-induced vasculitis is a possible explanation in case 2; the negative CSF VZV PCR is against the diagnosis but CSF antiviral antibody titers were not known.

ATTENTION DEFICIT AND LEARNING DISORDERS

COGNITIVE DEFICITS AFTER FOCAL CEREBELLAR LESIONS

Patients with focal cerebellar lesions due to tumor or hematoma were evaluated by a neuropsychological test battery, neurological examination and MRI, and cognitive function was correlated with location of the lesions in a study of 21 adult patients at the Department of Neurosurgery, Christian Albrechts Universitat, Kiel, Germany. Compared to matched controls, patients showed deficits in general memory, delayed recall, and visual memory, but not in verbal memory; and deficits in executive function and in attentional processes such as working memory and divided attention. Patients with right-sided cerebellar hemisphere lesions were more impaired than those with left-sided lesions, and their deficits were verbal whereas those with left-sided lesions were more often non-verbal and spatial. The connection of the right cerebellum to the left cerebral hemisphere, which is dominant for language and right hand movements, explains the greater impairment of function with right-sided lesions. Motor impairments were not correlated with cognitive deficits. Cerebellar lesions lead to a “dysmetria of thought.” (Gottwald B, Wilde B, Mihajlovic Z, Mehndorn HM. Evidence for distinct cognitive deficits after focal cerebellar lesions. *J Neurol Neurosurg Psychiatry* November 2004;75:1524-1531). (Respond: Dr B Gottwald, Zentrum fur Integrative Psychiatrie ZIP, Niemannsweg 147, D-24105, Kiel, Germany).

COMMENT. The study confirms that cognitive functions are impaired after cerebellar lesions, and particularly right-sided hemisphere lesions. In accordance with the earlier work of Courchesne E and Allen G (**Learn Mem** 1997;4:1-35), cerebellar damage does not eliminate function but impairs the performance. The cognitive impairments are not explained by a dysmetria of motor performance but rather a “dysmetria of thought” (authors’ term).

COGNITIVE-BEHAVIOR THERAPY AND SERTRALINE FOR OCD

The efficacy of cognitive-behavior therapy (CBT) alone and medical management with the selective serotonin reuptake inhibitor sertraline alone, or CBT and sertraline combined, as initial treatment for children and adolescents with obsessive-compulsive disorder (OCD), was evaluated by a randomized controlled trial conducted at Duke, Penn and Brown Universities. A volunteer outpatient sample of 97 patients with OCD, aged 7 through 17 years, and recruited between 1997 and 2002, received treatment or placebo for 12 weeks. Clinical remission was defined as a Children’s Yale-Brown OC scale score less than or equal to 10. Statistically significant benefits were measured with CBT alone ($p=.003$), sertraline alone ($p=.007$), and combined treatment ($p=.001$) compared with placebo. Combined treatment was superior to CBT alone ($p=.008$) and to sertraline alone ($p=.006$). The rates of clinical remission were 53.6% for combined treatment, 39.3% for CBT alone, 21.4% for sertraline alone, and 3.6% for placebo. The remission rate for combined treatment was not significantly different from that for CBT alone ($p=.42$) but was superior to sertraline alone ($p=.03$) and placebo ($p<.001$). The remission rates for CBT alone and sertraline alone were not different ($p=.24$) from each other but were different from placebo ($p=.002$). Sertraline adverse events occurred in 5% of patients, 2 times that with placebo, and included decreased appetite, diarrhea, enuresis, motor overactivity and impulsivity, nausea, and stomachache. None was suicidal. Treatment should begin with combination CBT and SSRI (sertraline) or CBT alone. (Pediatric OCD Treatment Study (POTS) Team. Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder. A randomized controlled trial. **JAMA** October 27, 2004;292:1969-1976). (Respond: John S March MD MPH, Department of Psychiatry, DUMC Box 3527, Durham, NC 27710).

COMMENT. The authors note that OCD affects approximately 1 in 200 young patients and most are initially treated with SSRIs. Duke and Penn University have favored management with CBT (March JS et al. **J Am Acad Child Adolesc Psychiatry** 1994;33:333-341), and the results of the present study establish the superiority of CBT or CBT combined with SSRI to SSRI alone. A greater availability of CBT should benefit and improve the quality of life of patients with OCD.

Quality of life in children with ADHD. A survey conducted in the ADHD Clinic in British Columbia, Canada, that included 165 respondents, showed that children with ADHD have more parent-reported problems with emotional behavior, mental health, and self-esteem than normal. These effects have an impact on the parents’ emotional health and family activities. The adverse effect on health-related quality-of-life (HRQL) correlates with parent-reported inattentive, hyperactive, and combined symptoms of ADHD. Children with more severe