

to 5 months, and early mortality. (Barone R, Aiello C, Race V, et al. DPM2-CDG: a muscular dystrophy-dystroglycanopathy syndrome with severe epilepsy. **Ann Neurol** 2012 Oct;72(4):550-8). (Respond: Dr Dirk J Lefeber. E-mail: D.Lefeber@neuro.umcn.nl or Dr Gert Matthijs. E-mail: Gert.Matthijs@uzleuven.be).

COMMENT. Serum N-glycosylation screening and/or enzyme analysis of DPM synthase are recommended in the workup of infants born with unsolved dystroglycanopathies.

## **INFECTIOUS DISORDERS**

### **SUBDURAL EMPYEMA IN BACTERIAL MENINGITIS**

Researchers at the University of Amsterdam, the Netherlands, evaluated the occurrence, treatment, and outcome of subdural empyema as a complication of community-acquired bacterial meningitis in 28 (2.7%) adults. Predisposing conditions in 26 (93%) patients included spread of otitis or sinusitis to the subdural space in 21 (75%). Presenting symptoms in 23 patients (82%) were neurologic and consisted of paresis, focal seizures, and dysesthesia contralateral to the empyema. The organism cultured from the CSF was *Streptococcus pneumoniae* in 26 patients (93%) and *Streptococcus pyogenes* in 1 (3%). One patient had negative CSF cultures. Complications leading to an unfavorable outcome in 68% cases were seizures (50%), focal neurological abnormalities (54%), and hearing impairment (39%). Five patients with empyema causing midline shift were treated by neurosurgical evacuation of the empyema. (Jim KK, Brouwer MC, van der Ende A, van de Beek D. Subdural empyema in bacterial meningitis. **Neurology** 2012 Nov 20;79(21):2133-9). (Response and reprints: Dr van de Beek, E-mail: d.vandebeek@amc.uva.nl).

COMMENT. Symptoms or signs indicative of subdural empyema in adults with meningitis are otitis or sinusitis, focal neurologic deficits, or seizures. In patients suspected of having developed subdural empyema, the diagnosis was confirmed by MRI with diffusion-weighted imaging. Lumbar puncture may be associated with a risk of brain shift and sudden clinical deterioration and requires careful monitoring.

In a pediatric study of intracranial empyema at the University of Paris Descartes, 33 of 38 patients presented with subdural empyema and 5 with extradural empyema. Ten were infants <1 year of age, all related to bacterial meningitis, and 28 were children mainly associated with otitis or sinusitis infections. In children with subdural empyema, factors associated with poor prognosis were neurological deficit and cerebral herniation on admission CT scan. (Legrand M, et al. **Eur J Pediatr** 2009 Oct;168(10):1235-41).

### **BRAIN ABSCESS FROM A PERITONSILLAR ABSCESS**

Researchers at Louisiana State University, Shreveport, LA, report the case of a 9-year-old immunocompetent girl diagnosed with a left frontal brain abscess accompanied by fever, headache, and weight loss for a 3-month period. A left-sided peritonsillar abscess was the presumptive source of the brain abscess. A review of the literature