

COMMENT. NF-1 can be associated with macrocephaly and learning disabilities, possibly related to a delay in developmental apoptosis and appropriate neuronal connections.

The value of the NIH criteria for diagnosis of NF-1 in early childhood was examined in 1893 patients from the International Database and reported from the University of British Columbia, Vancouver, Canada. (DeBella K, Szudek J, Friedman JM. Pediatrics March 2000;105:608-614). The diagnosis is not always apparent in the first few years of life. The frequency of NF1 cases meeting the NIH Diagnostic Criteria by 1 year of age, 8 years, and 20 years, is 46%, 97%, and 100%, respectively. Cafe-au-lait macules, axillary freckling, Lisch nodules, and neurofibromas appear in that order. Patients with optic glioma are usually diagnosed by 3 years, and osseous lesions appear within the first year.

ATTENTION DEFICIT DISORDERS

CORPUS CALLOSUM IN ADHD CHILDREN AND THEIR SIBLINGS

The global brain size and a midline area of corpus callosum were measured by MRI in 15 boys with ADHD (mean age 10 years) and compared with 15 healthy male siblings of children with ADHD of the same age. No significant differences occurred in the two groups, nor when compared to unaffected siblings of ADHD children. Development and size of the corpus callosum should not be used as a marker for ADHD. (Overmeyer S, Simmons A, Santosh J et al. Corpus callosum may be similar in children with ADHD and siblings of children with ADHD. Dev Med Child Neurol Jan 2000;42:8-13). Respond: S Overmeyer MD, Department of Child and Adolescent Psychiatry, Friedrich-Schiller-University, Philosophenweg 3-5, D-07740 Jena, Germany).

COMMENT. No differences are found between the corpus callosum size in ADHD children and their siblings, suggesting that corpus callosum changes reported in groups of ADHD patients are not responsible for the phenotypic expression of the syndrome. Previous studies have shown a smaller splenial area of the corpus callosum in ADHD children compared to normal controls. Also, a smaller total cerebral volume, a loss of the normal right>left asymmetry in the caudate nucleus, smaller right globus pallidus, smaller right anterior frontal region, smaller cerebellum, and reversal of the normal (L>R) lateral ventricular asymmetry. (see Progress in Pediatric Neurology III, PNB Publ, 1997;pp212-3).

PERSISTENT MOTOR DEFICITS IN DAMP

Motor control in ability to perform everyday and spare-time activities was assessed at 11 to 12 years of age in 10 boys with deficits in attention, motor control and perception (DAMP) and compared with a group of 20 boys without DAMP. The study group had been diagnosed with DAMP at 5 to 8 years of age. Individually, the boys with DAMP had a significantly higher total score on a Movement Assessment Battery, indicating poor motor performance, than the boys without DAMP (p<.001). None participated in team sports, and their choice of everyday and spare-time activities were different from normal. No improvement in motor control with age was observed in boys with DAMP. (Christiansen AS. Persisting motor control problems in 11- to 12-year-old boys previously diagnosed with deficits in attention, motor control and perception (DAMP). Dev Med Child Neurol Jan 2000;42:4-7). (Respond: Annette S Christiansen, Physiotherapist, Institute for Health