

HEADACHE DISORDERS

CHRONIC DAILY HEADACHE

A retrospective review of charts of 79 children and adolescents (<16 years) with headache on >15 days/month is reported from Leiden University Medical Center, The Netherlands. Chronic daily headache occurred in 57 (72%) for more than 6 months. The headache duration was >4 hours/day in 60% of cases. Analgesics were used by 60 (76%); they were used daily in 13 (16%). Frequent school absenteeism and sleeping problems were reported in one-third. Twenty-eight (35%) patients could be classified according to the ICHD-II; 15 (19%) did not fit any category and 36 % (46%) had insufficient data for classification. Seventeen (22%) had chronic tension-type headache, 5 (6%) chronic migraine, and 6 (8%) had medication overuse headache. (Wiendels NJ, van der Geest MCM, Neven AK et al. Chronic daily headache in children and adolescents. **Headache** June 2005;45:678-683). (Respond: Laura AEM Laan MD PhD, Department of Neurology, Leiden University Medical Center, PO Box 9600, 2300 RC Leiden, The Netherlands).

COMMENT. Chronic daily headache is difficult to classify using the second revised International Headache criteria. The need for analgesics is common, they are often overused, and one-third of patients have frequent school absences and sleeping problems. The authors recommend withdrawal of all headache medication in the management of chronic daily headache in children. Admission to hospital may be necessary.

CONGENITAL MALFORMATIONS

ELECTROMYOGRAPHIC SPECTRUM OF MOBIUS SYNDROME

The nature and extent of facial muscle innervation and involvement of motor and sensory long tracts in 11 patients with Mobius syndrome were studied at Radboud University Nijmegen Medical Centre, The Netherlands. Three different sites of lesions were demonstrated by EMG and MRI: 1) supranuclear level, suggested by completely immobile faces with no signs of involvement of facial nuclei, nerves or muscles; 2) nuclear level, with absent responses on facial nerve stimulation and absent motor unit activity; and 3) facial nerve axons, with delayed responses and long latencies, possibly secondary to nuclear involvement. (Verzijl HTFM, Padberg GW, Zwarts MJ. The spectrum of Mobius syndrome: an electrophysiological study. **Brain** July 2005;128:1728-1736). (Respond: HTFM Verzijl, Department of Neurology, Radboud University Nijmegen Medical Centre, PO Box 9101, 6500 HB Nijmegen, The Netherlands).

COMMENT. Defects at three levels, possibly combined in some patients, are suggested by this study of Mobius syndrome. The facial nuclear level is not the only lesion demonstrated, and in some cases a supranuclear brainstem developmental anomaly is primary. The authors have previously demonstrated brainstem hypoplasia in radiological and pathological studies (Verzijl HT et al. **Neurology** 2005a & b;64:649-653 and 849-855).