

uncovered only one similar case report. (Sankararaman S, Riel-Romero RMS, Gonzalez-Toledo E. Brain abscess from a peritonsillar abscess in an immunocompetent child: A case report and review of the literature. **Pediatr Neurol** 2012 Dec;47(6):451-4). (Response: Dr Sankararaman; E-Mail: drsskumar@gmail.com).

COMMENT. Predisposing risk factors for pediatric brain abscess include congenital cyanotic heart disease, immunocompromised state, or septic foci in teeth, paranasal sinuses, middle ear, mastoid and tonsils. Cranial MRI in diagnosis of suspected brain abscess should include a possible source of infection in sections of the neck.

AAN GUIDELINE ON STEROIDS AND ANTIVIRALS FOR BELL PALSY

The Guideline Development Subcommittee of the AAN provides an update of the 2001 evidence-based practice guideline for the treatment of Bell palsy. A search of Medline and the Cochrane Database of Controlled Clinical Trials for articles published since January 2000 identified 9 studies (2 rated Class I) of patients with new-onset Bell palsy who received steroids/antiviral agents. The committee concludes as follows: 1) Steroids are highly likely to be effective and should be offered to increase the probability of recovery of facial nerve function; 2) antiviral agents in combination with steroids do not increase the probability of facial functional recovery by >7%. Antivirals may be offered in addition to steroids because of a possible modest increase in recovery, but patients should be counseled that a benefit from antivirals has not been established. (Gronseth GS, Paduga R. Evidence-based guideline update: steroids and antivirals for Bell palsy. Report of the Guideline Development Subcommittee of the American Academy of Neurology. **Neurology** 2012 Nov 27;79(22):2209-13). (Response and reprints: American Academy of Neurology. E-mail: guidelines@aan.com).

COMMENT. The committee suggests for further research, large randomized trials comparing outcomes after steroids with or without antivirals, including patients with zoster sine herpette. The optimal dose and timing of steroids and their effects in children should be determined.

MOVEMENT DISORDERS

THALAMIC METABOLISM AND RESTLESS LEGS SYNDROME

Researchers at University of Bologna, Italy, evaluated medial thalamus metabolism and structural integrity in 23 patients with restless legs syndrome and 19 healthy controls. Proton magnetic resonance spectroscopy (PMRS) disclosed a significantly reduced N-acetylaspartate creatine ratio and N-acetylaspartate concentrations in the medial thalamus of patients with restless legs syndrome compared to controls ($P < 0.01$). Lower N-acetylaspartate concentrations were significantly associated with a family history of restless legs syndrome ($P = 0.018$). Dysfunction of the medial thalamus and limbic system plays a role in the pathophysiology of idiopathic restless legs syndrome. In contrast, thalamic volume studies using diffusion tensor imaging, and voxel-based morphometry showed no structural thalamic changes. (Rizzo