in IQ was found between patients with right-sided or left-sided hemiparesis whereas clinical seizures were more common in those with right-sided hemiparesis. Clinical epilepsy was related to impaired intellectual performance. Abnormal paroxysmal EEGs were more frequent with left-sided hemiparesis. Among those with clinical epilepsy a lower IQ was found in almost all with left-sided hemiparesis and almost half of those with right-sided hemiparesis. (Sussova J et al. Hemiparetic forms of cerebral palsy in relation to epilepsy and mental retardation. Dev Med Child Neurol Sept 1990; 32:792-795).

COMMENT. A lower IQ may be expected in CP patients with clinical epilepsy, especially in those with left-sided hemiparesis. EEG abnormalities alone are not associated with a lower IQ.

BLOOD DISORDERS

IRON DEFICIENCY ANEMIA AND NEUROLOGIC DEFICITS

A 14 year old black female adolescent with focal neurological abnormalities complicating severe iron deficiency anemia is reported from Duke University Medical Center, Durham, North Carolina. The anemia was caused by bleeding from generalized intestinal polyposis and hereditary hemorrhagic telangiectasia complicated by nasal and gingival bleeding. Neurologic symptoms and signs began with occipital headache and neck pain, intermittent diplopia, transient right-sided numbness and weakness, and a brief syncopal episode. On admission the patient was somnolent and the neurological examination revealed bilateral VI nerve palsies, facial palsies, papilledema, and generalized muscle weakness with normal reflexes. After transfusion with packed erythrocytes and treatment with ferrous sulfate orally the facial palsy resolved within 12 hours and the VI nerve palsy and somnolence resolved by the fifth day. A normal hemoglobin was maintained by iron supplementation and the neurologic exam remained normal despite continued gingival and nasal bleeding from telangiectases. (Bruggers CS et al. Reversible focal neurologic deficits in severe iron deficiency anemia. J Pediatr Sept 1990; 117:430-432).

COMMENT. An iron deficiency anemia is reported in 23% of cases of breath-holding spells in infants and young children. (Holowach J, Thurston DL. N Eng J Med 1963; 268:21). The neurologic abnormalities with iron deficiency anemia may result from tissue hypoxia, increased capillary permeability, cerebral edema, and abnormal cytochrome enzyme function involved in oxygen metabolism.

VALPROATE-INDUCED CYTOPENIAS

A 16 year old white boy with trisomy 21 and valproic-acid induced erythrocyte aplasia is reported from the Divisions of Hematology and Oncology, University of Alabama, Birmingham, AL. Suppression of hematopoiesis was demonstrated by in vitro studies of colony-forming-