

involved. Parents will usually not accept from a neurologist the reality of their own behavior as a factor in the child's disorder. The expertise of a psychologist or psychiatrist is required when parental conflict is suspected.

MILD HEAD INJURY AND COGNITIVE DEFICIT

The effect of mild head injury in 78 preschool children on their cognitive performance, especially reading ability, evaluated one year after injury and at 6.5 years of age was investigated at the Department of Neurosurgery, Auckland Hospital, New Zealand. Compared to a control group with minor injury not involving the head, head injured preschoolers showed impairment of interpretation of visual puzzles, a visual closure test, and increased incidence of reading difficulties at 6 and 12 months after injury and at age 6.5 years. Another head injury occurred within 6 months in 14% of the head injured group compared to <1% of the control group. Reading ability was correlated with the scores on visual closure at one year after injury. (Wrightson P et al. Mild head injury in preschool children: evidence that it can be associated with a persisting cognitive defect. J Neurol Neurosurg Psychiatry October 1995;59:375-380). (Respond: Mr Philip Wrightson, 18 Crocus Place, Remuera, Auckland 1005, New Zealand).

COMMENT. Mild head injury, not sufficient to require admission for observation, may result in cognitive deficits and impairment of reading and school performance. In this study, the development of visual skills necessary for reading appeared to be interrupted by the injury.

In a previous report reviewed in Progress in Pediatric Neurology 1, (PNB Publishers, 1991, p408), mild head injury in 114 school aged children did not have an adverse effect on global measures of cognition and achievement at one to five years after injury. Children with head injuries were indistinguishable from uninjured children on all tests except the teachers' report of hyperactivity which was 4/10 of a standard deviation higher. (Bijur PE et al. Pediatrics 1990;86:337).

Hyperactivity noted after head injury might be significant and worthy of careful follow-up and management.

BRAIN NEOPLASMS

MIGRAINE EPISODES FOLLOWING CRANIAL IRRADIATION

Complicated migraine-like episodes occurring 1.2 to 2.8 years after cranial irradiation and chemotherapy for brain tumor are reported in four children treated at the Children's National Medical Center, Washington, DC. Three had neuroectodermal tumors and one an ependymoma in the posterior fossa. Headaches lasted 2 to 24 hours and were intermittent, unilateral, and associated with nausea, visual loss, hemiparesis, aphasia, or hemisensory loss. MRIs were unchanged, and CSF, EEGs, EKGs, and MR angiograms were normal. Cerebral angiograms in 3 children were normal but caused recurrence of temporary migraine-like episodes complicated by delirium. Response to propranolol and aspirin was good in 1 and partial in 3. (Shuper A, Packer RJ et al. 'Complicated migraine-like episodes' in children following cranial irradiation and chemotherapy. Neurology Oct 1995;45:1837-1840). (Reprints: Dr Roger J Packer, Department of Neurology, Children's National Medical Center, 111 Michigan Ave, NW, Washington, DC 20010).