

ANTIPHOSPHOLIPID IMMUNOREACTIVITY AND TIAs

Clinical features that may predict the presence of antiphospholipid antibodies (aPL) in young patients with transient focal neurological events were determined in a study at the Henry Ford Hospital, Detroit, MI. Among 68 patients 29 were aPL-positive and 39 aPL-negative. The aPL-positive group was distinguished by a greater frequency of monocular visual symptoms, hemisensory symptoms, and systemic lupus erythematosus and less common binocular visual symptoms, accompanying headache, and personal and family history of migraine. Amaurosis fugax, unilateral paresthesias, and absence of a family history of migraine may predict aPL positivity (lupus anticoagulants and/or anticardiolipin antibodies) in young persons with transient focal neurologic deficits. (Tietjen GE, Levine SR, Welch KMA et al. Factors that predict antiphospholipid immunoreactivity in young people with transient focal neurological events. Arch Neurol Aug 1993;50:833-836). (Reprints: Dr Tietjen, Neurology, K-11, Henry Ford Hospital, 2799 W Grand Blvd, Detroit, MI 48202).

COMMENT. Cerebral infarction, transient ischemic attacks (TIAs), and migraine have been associated with aPL positivity. Immune-mediated thrombotic tendency conferred by the antibodies has been postulated. Monocular visual loss, hemiparesthesia, and no family history of migraine in young patients with transient focal neurological events should prompt examination for aPL antibodies and further determination of risk of stroke.

HEMORRHAGIC STROKE IN INFANTS AND CHILDREN

Medical and autopsy records, and brain imaging studies of 178 children with possible stroke within the Greater Cincinnati metropolitan area child population of almost 300,000 during 1988 and 1989 were reviewed in the Departments of Neurology and Neuroradiology, University of Cincinnati and Children's Hospital Medical Centers. Stroke occurred in 16 cases (13 whites and 3 blacks), with an overall yearly incidence rate of 2.7 strokes per 100,000 children. The rate was similar for blacks and whites and for boys and girls. The combined incidence rate for intracerebral and subarachnoid hemorrhage of 1.5 per 100,000 was slightly greater than the rate for cerebral infarction of 1.2 per 100,000. Hemorrhagic stroke was related to arteriovenous malformation in 3 cases, cavernous hemangioma in 2, hypothalamic glioma in 2, and aneurysm in one. Mortality for hemorrhagic stroke was 22% as compared to 14% for cerebral infarction. (Broderick J et al. Stroke in children within a major metropolitan area: the surprising importance of intracerebral hemorrhage. J Child Neurol July 1993;8:250-255). (Respond: Dr Joseph Broderick, University of Cincinnati, Dept of Neurology, 231 Bethesda Ave, Cincinnati, OH 45267).