secretion. Diagnosis is by Chest X-ray, ultrasonography, and MRI. The value of ultrasound in diagnosis is stressed. Recurrences of the cyst after surgery are reported, even in adulthood.

INFECTIOUS DISORDERS

CLINICAL MANIFESTATIONS OF NEUROCYSTICERCOSIS

A retrospective study of 25 children with neurocysticercosis is reported from the University of the State of Sao Paulo School of Medicine, Brazil. The age range was 1 to 11 years (mean, 8 years 6 months), and 68% resided in urban areas. Clinical manifestations included seizures, mainly partial in type (72%), headache (60%), learning disability (24%), behavioral changes (12%), developmental regression (8%), and intracranial hypertension (4%). The neurologic exam was normal in 80%. Eosinophilia occurred in 36%, and the CSF showed increased protein in 37%. Neuroimaging studies showed calcifications in 60%, cysts (12%), calcifications and cysts (16%), and lateral ventricle asymmetry (4%). The majority received only symptomatic drugs in treatment, and remission occurred in 43%, while 48% improved. Cysticidil drugs were given in only 3 (praziquantel in 1 and albendazole in 2), with complete remission in 1 and improvement in 2. (Morales NMO, Agapejev S, Morales RR et al. Clinical aspects of neurocysticercosis in children. Pediatr Neurol April 2000;22:287-291). (Respond: Dr Agapejev, Department of Neurology and Psychiatry, University of the State of Sao Paulo School of Medicine, PO Box 540, Botucatu, Sao Paulo 18618-000 Brazil).

COMMENT. In endemic areas, neurocysticercosis should be considered in children presenting with learning disabilities, behavioral abnormalities, and developmental regression. The course is often benign, many recovering spontaneously without cysticidal therapy. The disease is an indication of poverty and poor hygiene. Improved sanitation and health care are important in prevention.

NEUROLOGICAL COMPLICATIONS OF SINUS INFECTION

The neurological manifestations of deep sinus infection in 6 children are reported from the University of Crete, Heraklion, Greece. Ages ranged from 8 to 14 years. Infection of sphenoid and posterior ethmoid sinuses was confirmed by CT. The admitting clinical diagnosis was epilepsy in 2 patients, migraine in 2, CNS tumor in 1, and CNS infection in 1. Presenting neurologic signs included focal convulsions in 1, blurred vision and scotomata in 2, vertigo and ataxia in 1, and nuchal rigidity in 1. Complete recovery occurred after treatment with intravenous antibiotics and resolution of the sinusitis. (Bitsori M, Galanakis E, Kokori H, Sbyrakis S. Neurologic manifestations of deep sinus infection. Acta Paediatr April 2000;89:490-491). (Respond: Maria Bitsori MD, Department fo Paediatrics, University Hospital of Heraklion, PO Box 1352, 711 10 Heraklion, Greece).

COMMENT. Incidental reports of sinusitis are common in children undergoing neuroimaging studies for suspected intracranial disease. Sphenoidal and posterior ethmoidal sinuses are involved infrequently, and deep sinus infection should be considered in the differential diagnosis of some epilepsies, headache, ataxia, and meningeal irritation.