

Thimerosal and autism. No correlation between thimerosal-containing vaccines and the incidence of autism was found in a Danish population-based study (Madsen KM et al. Pediatrics September 2003;112:604-606). The discontinuation of thimerosal-containing vaccines in Denmark in 1992 was followed by an increase in incidence of autism. A total of 956 children (male-to-female ratio of 3.5:1) were diagnosed with autism during the period from 1971-2000. No trend toward an increase in the incidence of autism occurred during the period when thimerosal was used through 1990. From 1991 to 2000 the incidence of autism increased and continued to rise after the removal of thimerosal, including increases in children born after thimerosal was discontinued.

ENCEPHALOPATHIES

ENCEPHALOPATHY WITH HASHIMOTO'S THYROIDITIS

A 14-year-old girl with a 5-year history of hallucinations and depression and a diagnosis of Hashimoto's thyroiditis is reported from the Mayo Clinic, Rochester, MN. Thyroid-stimulating hormone (TSH) and anti-thyroid antibody titers were significantly elevated. MRI of the brain showed small T2 weighted white matter changes in the frontal lobe, and SPECT scans showed cerebral hypoperfusion deficits. Corticosteroid therapy resulted in significant clinical improvement and resolution of the MRI and temporal lobe SPECT changes. A review of the literature found a total of 16 cases aged 9 to 17 years, all but 2 being female. Thirteen presented with seizures. Only 2 had primarily behavioral presentations, including the Mayo Clinic case. One child, aged 10 years, had longstanding attentional problems, which improved with steroid treatment. Unlike adult patients and the present case, MRI in pediatric cases is usually reported normal. Relapses and residual cognitive deficits may occur. (Mahmud FH, Lteif AN, Renaud DI, Reed AM, Brands CK. Steroid-responsive encephalopathy associated with Hashimoto's thyroiditis in an adolescent with chronic hallucinations and depression: case report and review. Pediatrics September 2003;112:686-690). (Respond: Farid H Mahmud MD, Mayo Clinic, 200 First St SW, Rochester, MN 55905).

COMMENT. Steroid-responsive encephalopathy with Hashimoto's thyroiditis may present with seizures, myoclonus, focal neurologic deficits, and delusions or hallucinations. TSH and thyroid antibody titers are elevated. Patients are usually female and are euthyroid or hypothyroid. Two subtypes are described: 1) vasculitis type with acute stroke-like episodes and focal neurologic deficits and seizures; and 2) diffuse progressive type, with impairment of mental status, confusion, somnolence, and psychosis. Symptoms and MRI changes respond to steroid therapy. The condition was previously named "Hashimoto's encephalopathy."

BICKERSTAFF BRAINSTEM ENCEPHALITIS

Clinical features of brainstem encephalitis (BBE) in 62 cases and a subgroup with Guillain-Barre syndrome (GBS) are reported from centers in Japan. (Odaka M, Yuki N, Yamada M et al. Brain October 2003;126:2279-2290). BBE and GBS are closely related.