convulsive episode. One child was found with unilateral retinal hemorrhages following a simple febrile convulsion. No other reason for the hemorrhage was uncovered. It was concluded that retinal hemorrhages following a convulsive episode are rare and should trigger a search for other causes, including child abuse. (Mei-Zahav M et al. Convulsions and retinal hemorrhages: should we look further? **Arch Dis Child** 2002;86(5):334-335).

In 2 cases of infants with hyponatremic seizures examined at Franklin Square Hospital, Baltimore, MD, retinal hemorrhages were an unexpected finding. Long bone fractures and subdural hematoma were associated in one case of shaken baby syndrome, and cerebral edema in case 2 was presumed to be the result of child abuse. Children with hyponatremic seizures are often neglected and are at risk of other forms of child abuse. (Krugman SD, et al. **Pediatr Emerg Care** 2000;16(6):432-434).

BENIGN ROLANDIC EPILEPSY AND LEARNING DISABILITIES

Neuropsychological impairments in 35 children with rolandic epilepsy, and the relationship to electroencephalographic findings, were studied at Ege University, Izmir, Turkey. Patients showed significant impairments of visuomotor and reading ability and attention to verbal stimuli compared to controls. Reading disability persisted on follow-up, despite resolution of EEG seizure discharges and remission of seizures. Cognitive disorders were not related to antiepileptic drugs, and occurred in untreated subjects. Patients should be followed to identify learning problems. (Ay Y, Gokben S, Serdaroglu G, et al. Neuropsychological impairment in children with rolandic epilepsy. **Pediatr Neurol** Nov 2009;41:359-363). (Respond: Dr Ay, Department of Pediatrics, Faculty of Medicine, Ege University, 35100 Izmir, Turkey. E-mail: dryilmazay@yahoo.com).

COMMENT. Contrary to the so-called benign nature of BECTS, the disorder is sometimes associated with learning disabilities, especially reading problems, while a normal IQ is preserved.

Impairment in attention in rolandic epilepsy evaluated in 14 studies published between 1990 and 2006, in a study at Columbia University, NY, found at follow-up when the EEG had normalized, that attention problems had almost completely resolved. (Kavros PM et al. **Epilepsia** 2008;49:1570-1580; **Ped Neur Briefs** Oct 2008;22(10):77-78). Rolandic spikes may aggravate the course of ADHD and predispose to increased impulsivity (Holtmann M et al. **Brain Dev** 2006;28:633-640).

ATTENTION DEFICIT DISORDERS

RATINGS OF ATTENTION PROBLEMS IN ADHD: A CONTINUUM

To determine whether ADHD should be classified in three distinct DSM-IV diagnostic subtypes or a continuum of attention problems, maternal ratings of attention on the Child Behavior Check List (CBCL), in Durch boys at age 7, 10, and 12 years, were fitted to class models, assuming either subtype or severity differences. The fit of the models to the data is compared, to determine which model is appropriate. Researchers at the Universities of Notre Dame, IN; Vermont; Utrecht; and Amsterdam conducted the study. At all three ages

tested, models that distinguish between 3 quantitative classes (mild, moderate, and severe attention problems) provide the best fit to the data. The attention problem (AP) severe class contains all the subjects diagnosed with ADHD-combined subtype. Some subjects with ADHD-predominantly inattentive type are in the moderate AP class. Factor mixture analyses show that the CBCL AP syndrome varies along a severity continuum of mild to moderate to severe attention problems. Children with ADHD are at the extreme of the continuum. Framers of DSM-V will need these data in considering a change in classification to a continuum rather than discrete diagnostic categories of ADHD. (Lubke GH, Hudziak JJ, Derks EM, van Bijsterveldt TCEM, Boomsma DI. Maternal ratings of attention problems in ADHD: Evidence for the existence of a continuum. **J Am Acad Child Adolesc Psychiatry** Nov 2009;48(11):1085-1093). (Respond: Gitta Lubke PhD, Department of Psychology, University of Notre Dame, 18 Haggar Hall, Notre Dame, IN 46556. E-mail: glubke@nd.edu).).

COMMENT. The proposed continuum of attention problems is not a novel concept for ADHD. Epstein MA, Shaywitz SE and associates (**J Learn Disabil** 1991;24(2):78-86) examined distinctions between ADD, LD, and ODD/CD. Children referred to mental health settings differ from those referred to child neurologists, and "may be considered an extreme of the continuum of ADD." Many children with ADD will be represented by those referred primarily for ADD and LD, rather than those with ADHD and comorbid aggression referred for child psychiatry evaluation. Shaywitz BA and associates, defining and classifying learning disabilities and ADHD (**J Child Neurol** 1995;10(Suppl 1):S50-7), report several lines of investigation showing reading ability and reading disability as a continuum. Awareness of this relationship of the norm to abnormal in a seamless relationship is critical to our understanding of the basis for reading disability (and ADHD). This concept might also provide evidence of a decreasing severity pattern with increasing age, and gender differences.

The present DSM criteria for diagnosis of ADHD rely on symptoms alone, and criteria dependent on signs (perceptual and neurological deficits, including EEG epileptiform discharges in 25% cases) are not admitted. Perhaps the new DSM-V diagnostic criteria dependent on grading of severity will include a reference to the neurobiological and genetic nature of ADHD and objective signs. A genetic overlap between measures of hyperactivity/inattention and mood is demonstrated in twins with comorbid ADHD and depression (Cole J et al. **J Am Acad Child Adolesc Psychiatry** 2009;48(11):1094-1101). Gene-environment interaction (genetic sensitivity to environmental factors) should also be considered in diagnosis and treatment. (Thapar A, Lewis G. Editorial. **J Am Acad Child Adolesc Psychiatry** 2009;48(11):1051-1052).

CEREBRAL NEOPLASMS

INFANTILE INTRACRANIAL TUMORS

Patients presenting to the Children's Hospital of Eastern Ontario (CHEO) through the last 34 years with intracranial tumor in the first year of life were reviewed retrospectively for symptoms, management, and functional outcome. Of 18 cases identified, 12 were supratentorial (8 benign) and 6 infratentorial (all malignant histology). They represented 4.8% of all pediatric brain tumors seen over that period. Eight were of glial origin (7