

met inclusion criteria. Only one report involved children exclusively, with 21 treated and 21 controls (without placebo); the remainder included 1283 patients, mainly adults with few children who were not analysed separately. Only 5 of 89 trials were randomized (total 524 patients), and trial design, treatment schedule, and outcome measures were heterogeneous. Meta-analysis was not attempted. Four trials reported some benefit from corticosteroids, but the evidence is not conclusive. The routine use of corticosteroids in children with Bell's palsy is not recommended on the basis of this analysis and review. A definitive trial remains to be conducted. (Salman MS, MacGregor DL. Should children with Bell's palsy be treated with corticosteroids? A systematic review. J Child Neurol August 2001;16:565-568). (Respond: Dr Michael S Salman, Division of Neurology, Hospital for Sick Children, 555 University Ave, Toronto, ON M5G 1X5, Canada).

COMMENT. Present evidence based on review of published trials in children with Bell's palsy does not support the routine use of corticosteroids.

TOXIC DISORDERS

FACIAL SIGNS OF FETAL ALCOHOL SYNDROME

Craniofacial measurements of 100 individuals exposed to alcohol before birth were compared to 31 controls in an anthropometric study to define fetal alcohol (FAS) or partial fetal alcohol syndrome (PFAS) at St Vincent Hospitals, Indianapolis. Six craniofacial measurements were identified that differentiated exposed vs nonexposed patients, with 96% accuracy, 98% sensitivity, and 90% specificity. A clinical diagnosis of FAS was made in 41 and PFAS in 59 children. Diagnostic measurements included 3 breadth (frontal, bigonial, and palpebral fissure), 2 circumference (head and maxillary arc), and 1 depth (midfacial). (Moore ES, Ward RE, Jamison PL et al. The subtle facial signs of prenatal exposure to alcohol: an anthropometric approach. J Pediatr August 2001;139:215-219). (Reprints: Elizabeth S Moore PhD, Quality Management, St Vincent Hospitals and Health Services, 2001 West 86th St, PO Box 40970, Indianapolis, IN 46240).

COMMENT. Signs of definite FAS are prenatal and postnatal growth deficiency and brain and craniofacial abnormalities. Short palpebral fissures, smooth philtrum, thin upper lip, and midfacial hypoplasia are the most common facial anomalies. The present study of subtle facial signs of PFAS and diagnostic anthropometric measurements will permit the recognition of a wider range of children with alcohol-related birth defects and lead to counseling and prevention of further cases in the family.

ATTENTION DEFICIT DISORDERS

DIETARY SUPPLEMENTS FOR ADHD: A CONTROLLED TRIAL

The effect of docosahexaenoic acid (DHA) supplementation (345 mg/d) on the symptoms of attention deficit/hyperactivity disorder (ADHD) was determined in 63 children, ages 6 to 12 years, at the Mayo Clinic and Baylor College of Medicine, Houston, TX. All were receiving effective therapy with stimulant medication, and were assigned at random, double-blind, to DHA or placebo groups for 4 months. Outcome was determined by scores on laboratory measures of inattention and impulsivity (TOVA, Color Trails), performed after discontinuing medication for 24 hours, and scores on parent rating scales (Child Behavior Checklist, Conners' Rating Scale), completed while continuing medication. Plasma