

H et al. Pediatr Neurol April 2001;24:303-305). The authors suggest a link between the chronic steroid treatment in an immunosuppressed patient and the development of ADEM.

VASCULAR DISORDERS

PROGNOSTIC FACTORS IN ISCHEMIC ARTERIAL STROKE

The predictive value of presenting symptoms, MRI and CT findings, and etiology in the outcome of ischemic arterial childhood stroke was determined in a consecutive series of 31 patients followed at the University Hospital, Rotterdam, The Netherlands. Hemiparesis was the most common presenting symptom (74%), seizures occurred in 19%, altered level of consciousness in 16%, and ataxia in 7%. Location of infarction on neuroimaging was in the territory of the middle cerebral artery (MCA) in 27 cases, basilar artery (BA) in 4, and in the cerebellum involving the posterior inferior cerebellar artery (PICA) in 2. Three MCA and 2 MCA and ACA strokes (19%) were complete. Etiology was identified in 24 (77%), including cardiac surgery complications in 6, varicella zoster-related in 5, mitochondrial disease in 2, migraine-related in 2, and Moya-Moya, Kawasaki disease, factor V Leiden, sickle-cell disease, and hyperthyroid crisis in 1 each. Risk factors at presentation that correlated with a poor prognosis were an altered level of consciousness, seizures, and a completed stroke of the MCA. Etiology, age at presentation, or gender showed no significant correlation with outcome. (Delsing BJP, Catsman-Berrevoets CE, Appel IM. Early prognostic indicators of outcome in ischemic childhood stroke. Pediatr Neurol April 2001;24:283-289). (Respond: Dr Catsman-Berrevoets, Child Neurologist, Dept of Child Neurology, Dr Molewaterplein 60, 3015 GJ Rotterdam, The Netherlands).

COMMENT. Almost one-half the patients in this study died or had severe residual morbidity. The early risk factors for this poor outcome were an altered level of consciousness at presentation, seizures, and MRI evidence of complete or end-zone MCA infarction.

NEUROMUSCULAR DISORDERS

EXPANDED MOBIUS SYNDROME

An infant born with Mobius syndrome died at 22 days and was found at autopsy to have more widespread involvement of brainstem and cranial nerve nuclei than usual, resulting in an "expanded Mobius syndrome," as reported from the University of Iowa Hospital, Iowa City, IA. At emergency cesarean section, performed at 33 weeks gestation because of fetal distress and arm tremor, a 1672 gm male infant required continuing ventilatory support. At neurologic examination, the diagnosis was expanded Mobius syndrome with diffuse cranial nerve and brainstem involvement. CT and MRI revealed diffuse cerebral atrophy. Postmortem examination showed bilateral pneumonia secondary to aspiration. The brain was of normal weight and its surface appeared normal. Cranial nerve rootlets VI-XII were absent. Microscopic examination showed bilateral brain, basal ganglia, and brainstem gliosis and mineralization. Neurons in the nuclei of cranial nerves III-XI were absent. There was lesser involvement of the spinal cord, cerebral white matter, and cerebellum. No inflammatory cells or evidence of infection were evident. (Peleg D, Nelson GM, Williamson RA, Widness JA. Expanded Mobius syndrome. Pediatr Neurol April 2001;24:306-309). (Respond: Dr Widness, Department of Pediatrics, University of Iowa Hospital and Clinics, 200 Hawkins Drive, Iowa