Extrapyramidal parkinsonism in a 14 year-old boy developed 5 days after the accidental ingestion of a raw eggplant sprayed with the organophosphate dimethoate (Rogor), in a report from Meyer Children Hospital, Rappaport School of Medicine, Haifa, Israel. Symptoms began within 36 hours of the poisoning, with confusion, sweating, vomiting, and cardiac arrest. He was mechanically ventilated. Red blood cell cholinesterase was 2.5 units (normal range 11-18), and plasma cholinesterase 1.3 units (normal range 1.5-5). He was treated successfully with obidoxime hydrochloride (Toxogonin) and atropine. Within 4 days of poisoning he became withdrawn and agitated, and his movements were progressively slow, suggesting severe reactive depression, but one day later, marked rigidity, decreased facial expression, and a stooped, slowing gait with agitation established the diagnosis of parkinsonism. Neurologic examination showed a resting tremor, muffled voice, decreased blinking, and cogwheel rigidity. Treatment with amantidine, 100 mg 3 x daily, resulted in rapid clinical improvement within 48 hours and complete recovery after 1 week. Treatment was continued at a reduced dose for 3 months and then weaned with no recurrence of symptoms. A total of 26 similar cases reported in the literature, 1978 – 2004, are reviewed. (Shahar E, Bentur Y, Bar-Joseph G et al. Extrapyramidal parkinsonism complicating acute organophosphate insecticide poisoning. Pediatr Neurol November 2005;33:378-382). (Respond: Dr Shahar, Child Neurology Unit, Meyer Children Hospital, Rambam Medical Center, Haifa 31096, Israel).

COMMENT. Of the 27 cases of Parkinsonism with organophosphate insecticide poisoning reported, 21 (77%) recovered. Half recovered spontaneously and the remainder after treatment. Two died from respiratory failure, and 4 had persistent parkinsonism. Early diagnosis and treatment may prevent long-term basal ganglia dysfunction.

Prenatal Nicotine Exposure and Febrile Seizures

The association between prenatal exposure to cigarette smoke, alcohol, and coffee and the risk of febrile seizures was evaluated by extracting information from records of 2 cohorts of children linked with the Danish National Hospital Register and a follow-up of patients until Dec 1998. A slightly increased risk for febrile seizures was found in children exposed to 10 or more cigarettes daily in one cohort (p=0.04), but in the other cohort, this association was weak (p=0.54). The cumulative incidence of febrile seizures was 4.4% and 4.0%, respectively, in children exposed in the 2 cohorts, compared to 3.5% and 3.4% in those not exposed. Hazard ratios were 1.25 and 1.09, respectively. No association was found between low to moderate levels of maternal alcohol and coffee consumption and the risk for febrile seizures, either simple or complex in type. (Vestergaard M, Wisborg K, Henriksen TB et al. Prenatal exposure to cigarettes, alcohol, and coffee and the risk for febrile seizures. Pediatrics November 2005;116:1089-1094). (Respond: Mogens Vestergaard MD PhD, the