stabilized along a curve above and parallel to the 95th percentile by age 15 to 18 months. Transient neurodevelopmental abnormalities (hypertonia and hyperreflexia) found in 5 infants at 6 to 8 months had disappeared by 18 months, and all had normal findings at 25 month follow-up. No infant had cerebral palsy or retardation <70, and none required neurosurgery. (Al-Saedi SA et al. Subarachnoid fluid collections: a cause of macrocrania in preterm infants. I Pediatr February 1996;128:234-6). (Reprints: Oscar G Casiro MD, FRCPC, Director, Newborn Follow-up Program, Children's Hospital, 840 Sherbrook Street, Winnipeg, Manitoba R3A 1S1, Canada).

COMMENT. Various names used to describe benign SFC include "external hydrocephalus," and "benign subdural collection of infancy." If sonograms are normal except for SFC the infant may be followed with periodic head circumference measurements and clinical evaluation. An abnormal ultrasound may require follow-up with CT. The prognosis is usually favorable without intervention. Fukuyama Y et al have provided norms for age-specific CT measurements of subarachnoid spaces up to 1 year. (Dev Med Neurol 1979;21:425). The abnormal measurements by ultrasound used for diagnosis of SFC in the above study exceeded the Fukuyama upper limits of CT norms: >5.7mm sa spaces and >7.6 mm ih fissures.

Cerebral ventricular enlargement in female adolescents with anorexia nervosa corelated with the degree of malnutrition and returned to normal after refeeding and weight gain in an MRI quantitative study at the Schneider Children's Hospital, Albert Einstein College of Medicine, New Hyde Park, NY. (Golden NH et al. I Pediatr February 1996;128:296-301). Body mass and ventricular volume were inversely correlated.

SEIZURE DISORDERS

PREDICTORS OF INTRACTABLE EPILEPSY

Risk factors for intractable epilepsy at the time of initial diagnosis were determined in a case-control study at Yale University, New Haven, CT. Children with an average of one seizure or more per month over a 2-year period and refractory to at least 3 different AEDs were compared to controls who had been seizure-free for >2 years and had never had intractable epilepsy. Independent predictors of intractability were infantile spasms, early age of onset, remote symptomatic epilepsy, and status epilepticus. (Berg AT et al. Predictors of intractable epilepsy in childhood: a case-control study. Epilepsia 1996;37:24-30). (Reprints: Dr AT Berg, School of Allied Health Professions, Program in Community Health, DeKalb, IL 60115).

COMMENT. Age at onset was the predominant predictor of seizure intractability in this study, even after controlling for infantile spasms as a cause. Prognosis was progressively better with increasing age at onset during childhood and adolescence. For reports of neuropathology associated with intractable epilepsy, see Progress in Pediatric Neurology I, 1991, pp 131-138; and II, 1994, pp 129-141.