

MUSCLE DISORDERS

ACUTE RECTUS PALSY AND MYOSITIS

Orbital myositis as the cause of palsy of the extraocular rectus muscle is reported in 7 children presenting with acute ocular pain at the Scottish Rite Children's Hospital, Atlanta, GA. All had chemosis and erythema of the conjunctiva restricted to the quadrant overlying the involved muscle. All had ocular pain and some had redness and swelling of the lids with ptosis. All were afebrile. The diagnosis was confirmed by CT demonstration of an enlarged lateral rectus muscle. All had a benign course and were immediately responsive to corticosteroids. A recurrence in 2 patients was attributed to abrupt withdrawal of steroids. (Pollard ZF. Acute rectus muscle palsy in children as a result of orbital myositis. J Pediatr February 1996;128:230-3). (Reprints: Zane F Pollard MD, 5455 Meridian Mark Road, Suite 220, Atlanta, GA 30342).

COMMENT. The differential diagnosis includes orbital cellulitis which is distinguished by fever and response to antibiotics. Reported isolated causes of orbital myositis include Lyme disease, cysticercosis, and a paraneoplastic syndrome.

IV IMMUNOGLOBULIN THERAPY IN DERMATOMYOSITIS

Improved strength and functional abilities following IV immunoglobulin treatment for chronic dermatomyositis is reported in two children from the University of Mississippi Medical Center, Jackson, MS. Both patients had developed side effects during prior treatment with prednisone and immunosuppressive agents. The response to IVIG was slow and occurred in a stepwise fashion after repeated monthly courses (2 g/kg). The rash on the face and hands also resolved. (Vednarayanan V et al. Treatment of childhood dermatomyositis with high dose intravenous immunoglobulin. Pediatr Neurol 1995;13:336-339). (Respond: Dr Vednarayanan, Division of Pediatric Neurology, University of Mississippi Medical Center, Jackson, MS 39216).

COMMENT. The authors consider IVIG a useful adjuvant therapy for dermatomyositis, permitting reduction in steroid dosage and lessening of treatment morbidity.

SUBARACHNOID AND VENTRICULAR CSF DISORDERS

INFANTILE MACROCRANIA AND SUBARACHNOID FLUID

Macrocrania caused by subarachnoid fluid collections (SFC) in 12 very low birth weight (VLBW) infants is reported from the Department of Pediatrics, University of Manitoba, and the Newborn Follow-up Program, Health Sciences Centre, Winnipeg, Manitoba, Canada. Ultrasound had shown grade II and III intraventricular hemorrhages in 7 infants in the neonatal period. The prevalence of SFC in VLBW infant survivors attending this clinic was 2.6%. SFC accounted for 30% of cases of macrocrania in VLBW infants. The incidence of SFC was 3.3 per 1000 VLBW survivors annually. The occipitofrontal circumference was at 5 to 50th percentile at birth and >95th percentile at age of diagnosis (mean, 7.7 months). A frontal subarachnoid space 6 mm or more, an interhemispheric fissure 8mm or more, and normal ventricles on ultrasound were required for diagnosis of SFC. Head growth