HEADACHE

FAMILY AND SCHOOL FACTORS AND HEADACHE PREVALENCE

The prevalence of headache in children aged 7-16 years, representing districts of the city of Goteborg with socioeconomic, family, and school variables, is reported from Sahlgrenska Hospital, Goteborg, Sweden. Data obtained by questionnaires from 1297 pupils, representative of the city population, showed 26% with "headache once a month" and 6% at daily intervals or several times a week "frequent headache." The prevalence of "headache once a month or more" increased with age and school grade, from 16% in first grade to 42% in grade 9. The prevalence of "frequent" headache, presumably of tension-type, increased from 3% in second grade to 10% in third grade. Girls in grades 7-9 were affected more than boys with respect to both types of headache. The risk of frequent headache correlated with class size, increasing with larger classes in lower school, grades 1-3. In intermediate classes, grades 4-6, headache frequency was higher in districts with high unemployment. (Carlsson J. Prevalence of headache in schoolchildren: relation to family and school factors. Acta Paediatr June 1996;85:692-6). (Respond: Dr J Carlsson, Department of Clinical Neuroscience, Neurology Section, Sahlgrenska Hospital, S-41345, Goteborg, Sweden).

COMMENT. The increase in headache frequency in third grade was thought to be related to the larger classes and more targeted schoolwork. The increased prevalence in higher school levels was related to the higher frequency among girls, possibly due to hormonal changes and greater sensitivity to interpersonal conflicts and family stress. Parental separation or divorce and marital problems have been related to recurrent headache in children and adolescents, but these were not risk factors in the present study.

FAMILIAL MIGRAINE WITH VERTIGO AND TREMOR

A family with dominantly inherited migraine headaches, episodic vertigo, and essential tremor is reported from the UCLA School of Medicine, Los Angeles, CA. Episodes were triggered by stress, exercise, or lack of sleep. Tremor began in adolescence or early adulthood. Treatment with acetazolamide in 5 patients relieved visual auras, headaches, and vertigo, and diminished the tremor. Linkage analysis excluded linkage to markers on chromosome 19p, involved in families with hemiplegic migraine and ataxia syndrome. (Baloh RW et al. Familial migraine with vertigo and essential tremor. Neurology Feb 1996;46:458-460). (Reprints: Dr Robert W Baloh, Department of Neurology, UCLA School of Medicine, Los Angeles, CA 90095).

COMMENT. Several studies have shown a beneficial effect of acetazolamide in essential tremor. In the present report, both tremor and headache were relieved by acetazolamide. Of 15 family members with migraine, 8 also had essential tremor, whereas none of unaffected members had tremor. It seemed likely that the migraine and tremor were genetically connected. Migraine is expressed in various clinical forms and appears to be genetically heterogeneous.

An 11-year-old boy with **basilar migraine aura without headache** and ictal fast EEG activity is reported from the Pediatric Institute, Ferrara University, Italy (Soriani S et al. Eur J Pediatr Feb 1996;155:126-129).

Anisocoria, ataxia, dysarthria, and confusional state were predominant manifestations. Beta activity in the EEG has been described previously with attacks of basilar migraine.

Familial hemiplegic migraine and autosomal dominant arteriopathy with leukoencephalopathy (CADASIL) is described from St Vincent's Hospital, Dublin, Ireland. (Hutchinson M et al. Ann Neurol Nov 1995;38:817-824). Four subjects with CADSIL (cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy) had a history of familial hemiplegic migraine dating back to childhood. The disorder typically presents in adulthood but the MRI may show evidence of leukoencephalopathy before symptoms develop. This family is the first with both hemiplegic migraine and migraine as presenting symptoms of CADSIL.

INFECTIOUS DISEASES

BENIGN NEUROLOGIC COMPLICATIONS OF PERTUSSIS

The neurologic complications of pertussis infection among 340 unvaccinated patients admitted to hospital between 1979-1994 are reported from the Pediatric Clinic of the University of Catania, Sicily. Fourteen (4.1%) developed neurologic complications: Seizures occurred in all cases, 4 with fever. and 3 with signs of acute encephalopathy, including obtundation and vomiting which lasted only 12 to 24 hours. None of the patients developed epilepsy, all attend regular schools in appropriate grades, and at 14-18 year follow-up, only one has a mild behavioral disorder as a possible sequel of encephalopathy. No serious neurologic complications or permanent sequelae were observed in this series of children hospitalized for pertussis infection. (Incorpora G et al. Neurological complications in hospitalized patients with pertussis: a 15-year Sicilian experience. Child's Nerv System June 1996;12:332-335). (Respond: Dr G Incorpora, Clinica Pediatrica, Universita di Catania, Viale Andrea Doria, 6, I-95125 Catania, Italy).

COMMENT. The relatively mild and benign nature of the neurologic complications of pertussis infection reported in this study contrast with the severity and permanent sequelae of some reported cases of pertussis vaccine encephalopathy. Seizures were not associated with anoxic episodes and coughing bouts and were not complicated by epilepsy.

CHANGING PATTERNS OF REYE'S SYNDROME

Trends in the clinical pattern of Reye's syndrome in the British Isles between 1982 and 1990, and their relation to the June 1986 warnings against the use of aspirin in children, were analysed at the PHLS Communicable Disease Surveillance Centre, London, and other Centres in the UK. Of 445 cases reported, 354 had confirmed diagnoses and received scores of severity ranging from non-classical "Reye-like" (low scorers) to classical Reye's syndrome (high scorers). Classical cases occurred more frequently in the 4 1/2 year period before June 1986 compared with the subsequent period of surveillance. After June 1986, non-classical cases declined by 50% and classical by 79%. Classical, high scorers had received aspirin more frequently and were older than low scorers. (Hardie RM et al. Changing clinical pattern of Reye's syndrome. Arch Dis Child May 1996;74:400-405). (Respond: Dr Susan Hall, Floor C, Stephenson Building, Children's Hospital, Western Bank, Sheffield S10 2TH, UK).