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VASCULAR DISORDERS

BASAL GANGLIA AND THALAMIC INFARCTION

The signs, symptoms, and radiographic findings in 36 children, newborns to 13 years of age, with ischemic infarctions of the basal ganglia, internal capsule, or thalamus are reported from the University of Texas Southwestern Medical Center, Dallas, TX. Lesions, maximal in large arteries and demonstrated by CT (27), MRI (34), and angiography (10), were unilateral in 30 and bilateral in 6. Acute weakness with hemiplegia was the presenting symptom in 30, and aphasia, seizures, altered consciousness, or hemisensory impairments occurred in 5. Causes were undetermined in 25%, and infectious in 17% (including tuberculous meningitis in 2 cases, varicella in 2), Other less frequent causes included trauma, sickle cell disease, vasculitis, cardiomyopathy, hypotension, and diabetes. The majority had little or no residual neurologic impairment. Those with bilateral lesions were more likely to present with altered mental status and were more severely impaired at follow-up. A favorable prognosis for an initial infarction was not correlated with treatment with aspirin or warfarin. (Brower MC, Rollins N, Roach ES. Basal ganglia and thalamic infarction in children. Arch Neurol Dec 1996:53:1252-1256), (Reprints: ES Roach MD, Department of Neurology, University of Texas Southwestern Medical School, 5323 Harry Hines Blvd, Dallas, TX 75235).

COMMENT. The majority of pediatric basal ganglia infarctions present with hemiplegia and the majority have a good prognosis, with little or no neurologic impairment.

Atrophy of the basal ganglia due to Huntington disease occurs gradually and begins years before onset of symptoms, according to an MRI study of 47 offspring of patients with the disease at The Johns Hopkins University School of Medicine (Aylward EH, Codori A-M, Barta PE et al. Basal ganglia volume and proximity to onset in presymptomatic Huntington disease. Arch Neurol Dec 1996:53:1293-1296).

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