has suffered a stroke, venous thrombosis, or heart attack. Factor V Leiden may coexist with hereditary homocystinuria, another prothrombotic disorder.

The role of hyperhomocysteinemia in stroke is emphasized in a study of 125 consecutive adults at the University of Munster, Germany. (Evers S, Koch H-G, Grotemeyer K-H et al. Features, symptoms, and neurophysiological findings in stroke associated with hyperhomocysteinemia. Arch Neurol Oct 1997;54:1276-1282). The prevalence was 20% in all patients with stroke, and impaired cognition was more pronounced in those with hyperhomocysteinemia.

INFECTIOUS DISORDERS

CAT-SCRATCH ENCEPHALOPATHY

A 9-year-old girl with cat-scratch disease complicated by encephalopathy and seizures is reported from the Kaiser Foundation Hospital, Los Angeles, CA. The patient was admitted to hospital after a 2-week history of cervical adenitis, a 2-day history of low-grade fever, diarrhea, and headache, and an 11-day course of oral antibiotics with no response. A generalized tonic-clonic seizure occurred within hours of admission and initiation of i.v. antibiotics. Following the 2 minute seizure she became combative, delirious, and comatose. CSF showed protein of 72 mg/dl and normal cells. Recovery began after 24 hours and was complete in 5 days. Serum serology and polymerase chain reaction (PCR) analysis of lymph node tissue were positive for *Bartonella henselae*. The child had 4 kittens but no observed scratches or bites. (Wheeler SW, Wolf SM, Steinberg EA. Cat-scratch encephalopathy. Neurology Sept 1997;49:876-878). (Reprints: Dr Sheldon M Wolf, 1505 N Edgemont Street, 5th Floor, Los Angeles, CA 90027).

COMMENT. Neurologic complications of cat-scratch disease are uncommon, although there are several reports of encephalopathy, generally with complete recovery, and isolated reports of myelopathy, cranial nerve palsies, optic neuritis, chorea, and cerebellar ataxia. A cat scratch is not always identified, but the cat is the principal reservoir for the infecting organism, *Bartonella henselae*. A cat flea may account for the transmission in some cases. See Progress in Pediatric Neurology II (Millichap JG, ed. Chicago, PNB Publishers, 1994;pp421-423) for further reports of neurologic complications of cat-scratch disease, including one series of 76 patients. The differential diagnosis includes Lyme encephalitis.

FACIAL PALSY AND LYME BORRELIOSIS

The value of CSF examinations for intrathecal antibody production to *Borrelia burgdorferi* in the diagnosis of neuroborreliosis in children with peripheral facial palsy (PFP) was examined at the University Children's Hospital of Zurich, Switzerland. Twenty (95%) of the children with PFP had immunoglobulin (Ig)M or IgG in the acute-phase serum, but serologic assays showed discrepancies in one third. Intrathecal antibody to *B. burgdorferi* was present in 5 of the 20 seropositive children. Seroconversion in convalescent sera was found in all 5 with intrathecal antibody, and in 8 of 10 without intrathecal specific-antibody production. Patients showing intrathecal antibodies or seroconversion had lymphocytic pleocytosis in the acute phase of PFP. (Albisetti M, Schaer G, Good M, Boltshauser E, Nadal D. Diagnostic value of cerebrospinal fluid examination in children with peripheral facial palsy

and suspected Lyme borreliosis. Neurology Sept 1997;49:817-824). (Reprints: Dr David Nadal, University Children's Hospital, Infectious Diseases Unit, Steinwiesstr. 75, CH-8032 Zurich, Switzerland).

COMMENT. Analysis of CSF for intrathecal specific antibodies to *B. burgdorferi* in children presenting with acute peripheral facial palsy may facilitate early diagnosis and prompt antibiotic treatment. In patients with lymphocytic pleocytosis but no intrathecal antibodies, detection of seroconversion by analysis of convalescent serum is important in diagnosis.

Neurologic signs and syndromes associated with Lyme disease in children are reviewed in three reports and commentaries in Progress in Pediatric Neurology III, PNB Publishers, 1997;pp484-5. In one series of 96 patients, facial palsy occurred in 14%. Pseudotumor, reviewed in the following report, was diagnosed in 6% of cases of Lyme disease.

PSEUDOTUMOR CEREBRI

INCIDENCE RATES OF PEDIATRIC PSEUDOTUMOR CEREBRI

Twenty nine cases of pseudotumor cerebri were identified in a retrospective study of records of 205,765 children aged 2-15 years presenting between 1979 and 1994 at the IWK Grace Health Centre, Dalhousie University, Halifax, Canada. The annual incidence of pseudotumor for the total group was 0.9 per 100,000 children; in age group 2-11 years, the incidence was 0.7, and for 12-15 years, 1.5. Females were affected nearly 3 times more frequently than males. The adolescent age group was affected twice as frequently as younger children. (Gordon N. Pediatric pseudotumor cerebri: descriptive epidemiology. Can J Neurol Sci Aug 1997;24:219-221). (Reprints: Dr Kevin Gordon, IWK-Grace Health Centre, 5850 University Ave, Box 3070, Halifax, Nova Scotia, Canada B3J 3G9).

COMMENT. The increasing incidence of pseudotumor cerebri in later childhood and adolescence (1.5 per 100,000), noted in this study of patients admitted after 1978, was also noteworthy in earlier reports. A review of the literature before 1960 showed that 84 (37%) of 224 patients of all ages were in children and of these 75 (90%) were between 5 and 15 years of age. (Millichap JG. Pediatrics Feb 1959;23:257). Antecendent otitis media was reported in 29%, and mild head injury or infection other than otitis occurred in an equal proportion of the cases. The advent of antibiotics virtually abolished the cases of "otitic hydrocephalus," and explained the increase in "idiopathic" cases in later reports. (See Progress in Pediatric Neurology III, PNB Publ, 1997;pp431-433, for articles on signs and symptoms, the MRI, and treatment of pseudotumor cerebri).

TRAUMATIC DISORDERS

POST-TRAUMATIC OLFACTORY DYSFUNCTION

The degree of olfactory function and damage to olfactory bulbs and tracts were quantitatively determined in 268 patients with head trauma (HT) presenting with complaints of olfactory disturbance at the University of Pennsylvania Smell and Taste Center, Philadelphia, PA. Anosmia occurred in 179 patients (67%), microsmia (lessened sense of smell) in 20%, and 12% had normal sense of smell. Olfactory test scores after head trauma were not related