prolonged, intrauterine asphyxia in the term infant. According to Volpe JJ (Neurology of the Newborn, 2nd ed, Philadelphia, Saunders, 1987), the localization of hypoxic-ischemic encephalopathy in the infant is generally more diffuse than in asphyxiated animals, and selective brainstem injury is rare and frequently fatal. (See Progress in Pediatric Neurology I. PNB Publishers, 1991;p334).

EEG IN DIAGNOSIS OF PERIVENTRICULAR LEUKOMALACIA

The specificity and sensitivity of positive rolandic sharp waves (PRSW) on serial EEGs for the diagnosis of periventricular leukomalacia (PVL) in premature infants was studied in 83 newborn cases (11% of 765 premature infants) treated at the Hopital Antoine Beclere, Assistance Publique/Hopitaux de Paris, Clamart, France. All prematures underwent repeated ultrasound scanning and EEGs during the first weeks of life. Those showing persistent hyperechoic periventricular densities on ultrasound had MRIs performed. Of the 83 with PVL, 65 had cystic PVL. PRSW were present in 55 cases, and EEG abnormalities preceded the ultrasonic detection of cystic PVL. PRSW were specific markers for both cystic and noncystic PVL, and PRSW sensitivity was dependent on gestation age, with higher frequency (88%) in infants of 28-32 weeks than in those born before 28 weeks (32%). (Baud O, d'Allest A-M, Lacaze-Masmonteil T et al. The early diagnosis of periventricular leukomalacia in premature infants with positive rolandic sharp waves on serial electroencephalography. J Pediatr May 1998;132:813-817). (Reprints: Anne-Marie d'Allest MD, Service de Reanimation et Pediatrie Neonatales, Hopital Antoine Beclere, Assistance Publique/Hopitaux de Paris, 157, rue de la Porte de Trivaux, 92 141 Clamart, France).

COMMENT. Positive rolandic sharp waves on the EEG are specific for the development of periventricular leukomalacia and subsequent neurologic impairment in premature infants.

Outcome predictive value of neonatal assessment of preterm infants. Clinical assessment in the intensive-care unit was used to predict normal or abnormal motor outcome at 6 years, in a study of 153 infants followed in the Department of Perinatal Medicine, King George V Hospital, Sydney, Australia (Lacey JL, Henderson-Smart DJ. Assessment of preterm infants in the intensive-care unit to predict cerebral palsy and motor outcome at 6 years. Dev Med Child Neurol 1998;40:310-318). Neonates were classified according to the absence, transient occurrence, or persistence of atypical signs, including jitters, asymmetric tonic neck reflex, hypotonia, or hypertonia. Absence of atypical signs predicted normal development for 62% of 116, whereas one or more atypical features predicted major motor dysfunction in 7 of 11 infants.

Retinopathy of prematurity and autistic disorder. Blindness due to retinopathy of prematurity was strongly associated with autistic spectrum disorders in a controlled population-based study of 27 children at the University of Stockholm, Sweden (Ek U et al. Relation between blindness due to retinopathy of prematurity and autistic spectrum disorders: a population-based study. Dev Med Child Neurol 1998;40:297-301). The association was probably mediated by brain damage, independent of the blindness per se.

SCOLIOSIS IN SPASTIC CEREBRAL PALSY

The natural history and risk factors for progressive severe scoliosis were evaluated in 37 institutionalized spastic cerebral palsy patients followed at the Department of Orthopaedic Surgery, Shinshu University School of Medicine, Matsumoto, and at Centers in Nagano, Japan. Scoliosis started before age 10 yrs and