

progressed rapidly during the growth period, reaching a 60° magnitude by 17 yrs. Those with scoliosis >60° were bedridden and had thoracolumbar curves. Risk factors for progression of scoliosis in spastic cerebral palsy are: a spinal curve of 40° before age 15 yrs; total body involvement; being bedridden; a thoracolumbar curve. Early surgical intervention to prevent progression is recommended in patients with these risk factors. (Saito N, Ebara S, Ohotsuka K, Kumeta H, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* June 6, 1998;351:1687-1692). (Respond: Dr Naoto Saito, Dept of Orthopaedic Surgery, Shinshu University School of Medicine, Asahi 3-1-1, Matsumoto 3900-8621, Japan).

COMMENT. Reports indicate that bracing is frequently ineffective for scoliosis with cerebral palsy and surgery is advocated in severe cases. Fusion is intended to facilitate sitting and standing, improve pulmonary and upper limb function, and benefit nursing procedures. The above study provides guidelines for early surgical intervention.

METABOLIC DISORDERS

FOCAL NEUROLOGIC DEFICITS WITH HYPOGLYCEMIA

Clinical manifestations and outcome of transient focal neurologic deficits (TFND) associated with hypoglycemia were evaluated in 44 children with insulin-dependent diabetes mellitus observed retrospectively during a 5 year period at the University of Trieste, Italy. Symptoms included transient hemiparesis in 54 episodes, usually during sleep, and alternating right- and left-sided in 3; aphasia in 16 episodes; and preceded by a brief convulsion in 8 episodes. Duration of episodes was <2 hrs in 30, 2-12 hrs in 13, and >12 hrs in 2. Hypoglycemia was documented in 26, and in 18 of these episodes, symptoms did not resolve promptly after sugar administration. The long-term outcome was benign, no patient having persistent neurologic abnormalities and none developing migraine at follow up. Invasive tests were not considered mandatory. (Pocecco M, Ronfani L, and Italian Collaborative Paediatric Diabetologic Group. Transient focal neurologic deficits associated with hypoglycemia in children with insulin-dependent diabetes mellitus. *Acta Paediatr* May 1998;87:542-544). (Respond: Dr M Pocecco, Department of Paediatrics, Children's Hospital "Burlo Garofolo," University of Trieste, Italy).

COMMENT: Transient focal neurologic deficits in children with diabetes are often but not invariably associated with hypoglycemia and their long-term outcome is good. Alternative causes for an episodic hemiparesis in diabetes include vascular spasm, hemiplegic migraine, and Todd's paresis.

COGNITIVE, MOTOR, AND BEHAVIORAL FUNCTION IN PKU

Measures of cognitive, frontal lobe (executive), behavioral and motor function were administered to 18 children (aged 12-101 months) with phenylketonuria followed at the University of Rochester School of Medicine, NY. Current phenylalanine levels were within recommended range (120-485 mcml/1) in 65%, and lifetime levels ranged from 206-1331 (mean, 499). "Individual variation" (SD of lifetime level) ranged from 76-547 (av, 270). Lower current phenylalanine (PHA) levels were associated with higher cognitive functioning in children older than 3 yrs. Higher current and average levels correlated with more difficult temperament on behavior scales. Motor function was impaired in PKU children with current PHA levels above 360 mcml/1, and lower motor scores tended to correlate with older age and current PHA levels.