research in cytogenetics of medulloblastoma may provide a better understanding of prognosis. See Progress in Pediatric Neurology II, PNB Publ,1994;p346, for reviews of long-term neurologic problems with medulloblastoma. Surveillance brain scans failed to detect recurrent disease and had no impact on outcome.

Indications for ventricular drainage and V-P shunting in posterior fossa tumors are reviewed from the Dept of Neurosurgery, Gdansk Medical University, Poland (Imielinski BL et al. Child's Nerv Syst 1998;14:227-229). Of 21 children with medulloblastoma, 20 had V-P shunts, 18 before and 2 after tumor resection. Symptomatic hydrocephalus occurred in 16 cases. Indications for V-P shunt included nonoperable tumor, acute hydrocephalus, and persistently elevated intracranial pressure after tumor removal.

Multiple shunt failures in hydrocephalic children are analysed for relevant factors at the Division of Neurosurgery, UCLA School of Medicine, Los Angeles, CA. (Lazareff JA et al. Child's Nerv Syst 1998;14:271-275). Of 244 with shunts, 136 had no failure (predominantly congenital hydrocephalus), 52 had one revision, 34 had 2 or 3 revisions, and 22 had 4 or more revisions. As the number of failures increased, the interval between revisions shortened. Repeated revisions were associated with an increase in CSF monocytes.

VASCULAR DISORDERS

BASAL GANGLIA A-V MALFORMATION AND WRITER'S CRAMP

A 12-year-old girl presenting with writer's cramp as the first manifestation of basal ganglia arteriovenous malformation (AVM) is reported from the Department of Neurosurgery, University of Tokyo, Japan. Difficulty in writing caused by too firm a pen grasp developed at 9 years of age and progressively worsened until at 11 years, she had weakness and involuntary movements of the right hand. At 12 years, she had severe headache with nausea and vomiting. MRI showed an unruptured left basal ganglia AVM localized to the globus pallidus and putamen, and extending to the left frontal lobe white matter. Cerebral angiography revealed a large high-flow AVM fed by lenticulostriate arteries. Treated conservatively, the dystonic cramp and weakness have not progressed during one year follow-up. (Kurita H, Sasaki T, Suzuki I, Kirino T. Basal ganglia arteriovenous malformation presenting as "writer's cramp." Child's Nerv Syst June 1998;14:285-287). Respond: Dr Hiroki Kurita, Dept of Neurosurgery, Faculty of Medicine, University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo, 113 Japan).

COMMENT. AV malformation presenting as writer's cramp is a novel case-report. The location and size of the lesion appear to have prompted conservative management. A review of the literature in 1994 revealed that AVM mortality was 23-57% with conservative management versus 8.5-11% postoperatively. The smaller the AVM, the higher the risk of hemorrhage and the greater the indication for surgery. (See Progress in Pediatric Neurology III, PNB Publ, 1997;p458).

CEREBRAL VASCULITIS IN JUVENILE RHEUMATOID ARTHRITIS

A 16-year-old girl who developed a stroke after a 5-year history of polyarticular juvenile rheumatoid arthritis is reported from Tripler Army Medical Center, Honolulu, Hawaii. She was referred from Chuuk State, Micronesia,