

### **Bupropion for ADHD and comorbid conduct disorders.**

An open trial of bupropion in 13 adolescent boys with ADHD, CD, and substance use disorder in a residential treatment program at the University of Colorado, Denver, found improvements in the mean Conners Hyperactivity Index and Daydream Attention scores, sufficient to recommend a controlled trial. (Riggs PD, Leon SL, Mikulich SK, Pottle LC. J Am Acad Child Adolesc Psychiatry Dec 1998;37:1271-1278). Bupropion may also lower the threshold to seizures and is known to provoke tics.

## **INFECTIOUS DISORDERS**

### **COXIELLA BURNETII ACUTE CEREBELLITIS**

A 9-year-old boy presenting with headache and fever, followed after 10 days by drowsiness, conjugate ocular deviation, and subsequently, cerebellar ataxia, is reported from Akita University, Japan. CSF showed pleocytosis, increased protein, and isolation of *C. burnetii* during convalescence. MRI showed a herniated tonsil and swollen vermis of the cerebellum. Recovery followed treatment with minocycline. A cow-raising family lived in the neighborhood. (Sawaishi Y, Takahashi I, Hirayama Y et al. Acute cerebellitis caused by *Coxiella burnetii*. Ann Neurol Jan 1999;45:124-127). (Respond: Dr Yukio Sawaishi, Department of Pediatrics, Akita University School of Medicine, Hondo 1-1-1, Akita 010-8543, Japan).

COMMENT. *Coxiella burnetii* is the causative rickettsial organism in acute Q fever. The illness is usually manifested by a self-limited flu-like illness, a mild-to-moderate atypical pneumonia, and hepatosplenomegaly. Endocarditis and hepatitis are the major manifestations of chronic disease. Headache occurs in the majority of patients in acute stages, but cerebellitis has not previously been reported. Human disease is uncommon, but animal infection, primarily domestic farm animals, is widespread and usually asymptomatic. Consumption of raw milk and close contact with infected animals are risk factors. Incubation is usually 14 to 22 days. Tetracycline or doxycycline is the drug of choice. (American Academy of Pediatrics, 1997 Red Book, pp433-435).

### **EEG IN ACTIVE AND INACTIVE NEUROCYSTICERCOSIS**

The interictal EEG of 50 epileptic patients, aged 5 to 61 years (mean, 24), with parenchymal neurocysticercosis was analyzed at Charles R Drew University, Los Angeles, CA. Neurocysticercosis was diagnosed by CT/MRI of the brain, positive immunological reaction for cysticercosis in cerebrospinal fluid, or both. Generalized seizures occurred in 36 patients, and partial seizures in 14. Inactive disease with parenchymal calcification was present in 22, active disease with cysts in 21, and both forms in 7. The EEG was abnormal in 14 patients (28%) having either active or mixed forms of neurocysticercosis (50%) or only the active form (48%). The EEG was normal in patients with inactive forms with calcification only. The fronto-temporal lobes were mainly involved in active forms with seizures and abnormal EEGs, and temporal locations were infrequent. Generalized seizures were common while complex partial seizures were rare. (Chayasirisobhon S, Menoni R, Chayasirisobhon W, Locke GE. Correlation of electroencephalography and the active and inactive forms of neurocysticercosis. Clin Electroencephalogr Jan 1999;30:9-11). (Reprints: Sinchai Chayasirisobhon MD, Dept of Neurosciences, Charles R Drew University Med Ctr, 12021 S Wilmington Ave, Los Angeles, CA 90059).