

encephalopathy. The 2-month-old infant in the Bangkok study had a low birth weight and hepatosplenomegaly, while the 2-year-old was reported to have a normal development up to the onset of stroke.

SSPE AND NEONATAL MEASLES

A case of subacute sclerosing encephalitis in a child, aged 3 years 6 months, who had contracted measles from his mother on day 27 as a neonate, is reported from Akita University School of Medicine, Japan. He presented with acute cerebellar ataxia which gradually improved, but mental deterioration and head nodding developed. The EEG showed diffuse slowing and periodic discharges that synchronized with the nodding. Measles antibody titers in the CSF and serum were abnormally elevated. MRI showed diffuse high intensity T2-weighted images in the white matter. Treatment with oral isoprinosine and intraventricular interferon failed to stem the relentless progression to a bedridden, mute stage within 3 months. This was followed by a plateau and later, a gradual but limited clinical improvement and MRI evidence of progressive cerebral atrophy. (Sawaishi Y, Abe T, Yano T, Ishikawa K, Takada G. SSPE following neonatal measles infection. Pediatr Neurol Jan 1999;20:63-65). (Respond: Dr Yukio Sawaishi, Department of Pediatrics, Akita University School of Medicine, Hondo 1-1-1, Akita 010-8543, Japan).

COMMENT. Measles virus infection under 1 year of age is a risk factor of SSPE. Immaturity of the brain at the time of measles infection may predispose to the SSPE.

ATTENTION AND COGNITIVE DISORDERS

ADHD AND COMORBID COORDINATION DISORDER

The cooccurrence of attention deficits and motor incoordination or clumsiness was examined at the University of Goteborg in a population study of 400 seven-year-old children attending mainstream schools in Karlstad, Sweden. ADHD, developmental coordination disorder (DCD), and combined deficits in attention, motor control, and perception (DAMP) were found in 6.1%. Severe ADHD alone occurred in 2% and moderate ADHD in 5.4%. The boy:girl ratio was 2:1 for severe DAMP and 6.2:1 for severe ADHD alone. Considerable overlap of attention deficits and motor clumsiness was present. One half the children with ADHD had moderate motor incoordination (DCD), and one in 5 was severely affected. Similarly, children with DCD frequently met criteria for the diagnosis of ADHD. Findings were unchanged at follow-up examinations 8 months later. 'Soft signs' were highly reproducible, with excellent agreement between neurologic exams and observations of motor dysfunction reported by physical education teachers. Parent reports of ADHD were confirmed by teacher observations in more than 90% of cases, whereas 40% of teacher diagnoses of ADD were not reported by parents in the home setting. DSM-III-R criteria for ADHD tended to exclude many ADD children with a high degree of classroom dysfunction. Those with subtype ADD or DAMP had higher classroom-dysfunction scores than those with mainly hyperactivity or ADHD. DAMP is a valid diagnostic subtype of ADHD. (Kadesjo B, Gillberg C. Attention deficits and clumsiness in Swedish 7-year-old children. Dev Med Child Neurol Dec 1998;40:796-804). (Respond: Christopher Gillberg MD PhD, Department of Child and Adolescent Psychiatry University of Goteborg, Sahlgren University Hospital, S-41345, Goteborg, Sweden).

COMMENT. A neurologic examination to uncover soft signs, motor