Cowett RM, Cleveland Clinic, reviewing neonatal hypoglycemia in an editorial (J Pediatr 1999;134:389-391), concludes that the study of neonatal glucose homeostasis is in its infancy. Further investigations should better define euglycemia relative to gestational age and the optimum timing and method of measurement of blood glucose in the neonate.

Becker DJ, Ryan CM, University of Pittsburgh, (Editorial), comment on "Intensive diabetes therapy in childhood: Is it achievable? Is it desirable? Is it safe?" (J Pediatr 1999;134:392-394). These authors advocate careful monitoring of diabetes control in young children, not only in those receiving intensive therapy but also for conventional diabetes control. Mild hypoglycemia (blood glucose level of 60-65 mg/dL) in a young child may induce a transient inattention and cognitive dysfunction ("hypoglycemic absence episode"), interfering with memory and the ability to learn. Further, episodes of mild hypoglycemia may obscure the warning symptoms of subsequent attacks, increasing the risk of severe hypoglycemia. The authors caution that chronic hyperglycemia with inadequate diabetes therapy may also have detrimental effects on brain function in children, and the emphasis on dangers of intensive therapy should not neglect the benefits of close control of blood glucose levels.

NEUROCUTANEOUS SYNDROMES

LATE NEUROLOGIC COMPLICATIONS OF NEUROFIBROMATOSIS I

A hospital-based series of 158 patients with neurofibromatosis I, including 138 adults aged >18 years and 20 children, were evaluated for neurological complications in adulthood at the Services de Neurologie and Neuroradiologie, Hopital Henri Mondor, Paris, France. Neurological manifestations observed in 87 (55%) of patients (both children and adults) included headache (28 patients), hydrocephalus (7), epilepsy (5), lacunar stroke (1), white matter disease (1), intraspinal neurofibroma (3), facial palsy (1), radiculopathy (5), and polyneuropathy (2). Tumors included: optic pathway (20), meningioma (2), cerebral glioma (3), and malignant peripheral nerve sheath tumors (6). Pain related to nerve and spinal tumors occurring in 11 adults, and malignant nerve tumors were found predominantly in adults. Optic pathway tumors, cerebral gliomas, aqueductal stenosis, and spinal compression were childhood-related complications. (Creange A, Zeller J, Rostaing-Rigattieri S, et al. Neurological complications of neurofibromatosis type 1 in adulthood. Brain March 1999;122:473-481). (Respond: Dr A Creange, Service de Neurologie, Hopital Henri Mondor, 94010 Creteil Cedex, Paris, France).

COMMENT. The authors recommend follow-up with serial ophthalmological examination rather than repetitive neuroimaging in adults with neurofibromatosis 1 (NF1). This policy agrees with that of Listernick and colleagues at Children's Memorial Hospital, Chicago, who find that serial MRIs are of limited value in asymptomatic children (J Pediatr 1994;125:63-66).

In adult patients with NF1, disabling and life-threatening neurological complications, except for malignant peripheral nerve sheath tumors, are usually absent, and chronic painful symptoms related to nerve and spinal tumors are the chief neurologic complications. In contrast, children with NF1 are at greatest risk of optic pathway tumors, especially in the first 6 years of life. Tumor growth after 6 years is unusual. Other neurologic complications of NF1 in childhood include infantile spasms, CVA, and learning disabilities. For further references to NF1, see Progress in Pediatric Neurology III, PNB Publ, 1997;pp439-442; Vol II, 1994;362.