

increased insomnia and decreased appetite. (Stein MA et al. Pediatrics Dec 2003;112:1173-4). Biederman J reports that 54 mg of OROS-MPH (Concerta) is equivalent to 20 mg Adderall XR (Today's Therapeutic Trends 2002;20:311-328).

NEONATAL DISORDERS

CHORIOAMNIONITIS: A RISK FACTOR FOR CEREBRAL PALSY

The association between clinical chorioamnionitis and increased risk of cerebral palsy (CP) in term and near-term infants was determined in 109 children with CP not due to postnatal brain injury or developmental abnormalities compared to 218 controls, in a study at University of California, San Francisco, and Kaiser Permanente Division of Research, Oakland, CA. CP was a hemiparesis in 40% and quadriplegia in 38%. Neuroimaging had been obtained in 83%; focal infarct, white matter abnormalities, hypoxic-ischemic injury, and atrophy were the most common findings. Chorioamnionitis or endometritis had been diagnosed clinically in 14% of cases compared to 4% of controls (OR 3.8, CI 1.5-10.1; p=0.001). Independent risk factors for CP in addition to chorioamnionitis included maternal fever, prolonged rupture of membranes, intrauterine growth restriction, maternal black ethnicity, maternal age older than 25 years, and nulliparity. Other factors strongly associated with CP were a 5-minute Apgar score <7, birth asphyxia, and neonatal seizures. The population-attributable fraction of chorioamnionitis for CP is 11%, and for spastic quadriplegic CP, 27%. (Wu YW, Escobar GJ, Grether JK, et al. Chorioamnionitis and cerebral palsy in term and near-term infants. JAMA November 26, 2003;290:2677-2684). (Reprints: Yvonne W Wu MD, MPH, Division of Child Neurology, Box 0136, University of California, San Francisco, 500 Parnassus Ave, MUE #411, San Francisco, CA 94143).

COMMENT. Clinical chorioamnionitis is independently associated with a 4-fold increased risk of CP in term infants. Chorioamnionitis may initiate or exacerbate brain injury from hypoxia-ischemia by leading to an elevation of inflammatory cytokines in the fetus. Prevention of perinatal inflammatory disorders may lower the incidence of CP in term infants.

VEIN OF GALEN MALFORMATION: OUTCOME AFTER EMBOLIZATION

The neurodevelopmental outcome after endovascular treatment of vein of Galen malformation (VOGM) in 27 patients seen between 1983 and 2002 was assessed by chart review and parental questionnaires at the University of California, San Francisco. The presentation with congestive heart failure (CHF; 16/27) or hydrocephalus (8/27) was prenatal (diagnosed by ultrasound) in 5, neonatal in 16, and post-neonatal in 6. Patients with CHF presented either prenatally or neonatally, 4 died acutely, 6 were significantly delayed, and 6 had no or minor developmental delay. Of 5 presenting perinatally without CHF, all survived, 2 were significantly delayed, and 3 had no delay. Of 6 presenting after the neonatal period, all survived and only 1 was delayed. Those with choroidal VOGM by