

respiratory distress of unclear cause. Consanguineous parents of a child with SIDS should be checked for IGHBMP2 mutations.

NCS/EMG and muscle biopsy together are of diagnostic value in infants with arthrogryposis multiplex congenital (AMC), when the history, examination, and genetic evaluation are unrevealing. (Kang PB et al. Ann Neurol 2003;54:790-795). Analysis of 38 patients with AMC seen over a 23-year period at Children's Hospital, Boston, showed that the disorder was neurogenic in 8, myopathic in 10, other in 12, and unknown in 8. Neither EMG nor biopsy alone had consistently high sensitivities or specificities, but when concordant for neurogenic or myopathic findings, they were more accurate than either test alone.

INFECTIOUS DISORDERS

HUMAN HERPESVIRUS-6 IN MESIAL TEMPORAL LOBE EPILEPSY

Brain samples obtained from surgical resections in 8 patients with mesial temporal lobe epilepsy (MTLE) and 7 patients with neocortical epilepsy (NE) were quantitatively analyzed for HHV-6 in a study at the National Institute of Neurological Disorders and Stroke, Bethesda, MD. DNA obtained from 4 patients with MTLE had significantly elevated levels of HHV-6 determined by real-time PCR assay, but HHV-6 was not amplified in specimens from NE patients. Hippocampal sections from MTLE cases had the highest levels of HHV-6, subtype HHV-6B. Expression of HHV-6 was localized to astrocytes and confirmed by western blot analysis and immunohistochemistry. (Donati D, Akhyani N, Fogdell-Hahn A, et al. Detection of human herpesvirus-6 in mesial temporal lobe epilepsy surgical brain resections. Neurology November (2 of 2) 2003;61:1405-1411). (Reprints: Dr S Jacobson, Neuroimmunology Branch, National Institute of Neurological Disorders and Stroke, NIH, Bethesda, MD 20892).

COMMENT. The detection of HHV-6 in hippocampal and temporal lobe astrocytes of patients with MTLE suggests a possible role for reactivation of the virus in infected astrocytes as a cause of MTLE. The specificity of the finding requires additional studies in patients without seizures. HHV-6 and roseola infantum are also associated with febrile convulsions, a proposed antecedent to mesial temporal sclerosis and MTLE. (see Progress in Pediatric Neurology III, PNB Publishers, 1997;pp24-28).

RISK OF HEARING LOSS AFTER BACTERIAL MENINGITIS

Presence of sensorineural hearing loss (>25 dB) was determined in 628 school-aged children born between 1986 and 1994 and survived non-*Hemophilus influenzae* type B (HiB) bacterial meningitis between 1990 and 1995 in a study at VU Medical Center, Amsterdam; and University Medical Center and Wilhelmina Children's Hospital, Utrecht, the Netherlands. The incidence of hearing loss was 7%; unilateral in 20 (3%) and bilateral in 23 (4%). Hearing loss was severe (71-90 dB) or profound (>90 dB), and 5 received