

weeks of ceftriaxone and 4 weeks of added vancomycin therapy, CT demonstrated resolution of the CSP abscess and mild enhancement of the CV. The patient recovered with no sequelae. (Pong A, James HE, Senac MO, Jr, et al. Pneumococcal infection of the cavum septi pellucidum and cavum vergae in a pediatric patient. Pediatr Infect Dis J November 2003;22:1014-1017). (Respond: Alice Pong MD, Division of Pediatric Infectious Diseases, Children's Hospital and Health Center, University of California, San Diego, CA).

COMMENT. CSP and CV are a normal finding in infants less than 6 months, but are usually closed by 6 months of age. They can occur as an incidental finding in <20% of children >6 months of age. Hydrocephalus may occur if the cysts enlarge and obstruct the foramen of Munro. Congenital intracranial cysts are discussed in McLone DG, ed Pediatric Neurosurgery 4<sup>th</sup> ed, Philadelphia:Saunders, 2001:489-498. The present report is considered the first case of postneonatal childhood abscess of the CSP and CV with pneumococcal meningitis. Five previous reports of infection of the CSP and CV are cited by the authors, 4 in adults and one in a 31-week gestational age neonate with an abscess of the CSP and hydrocephalus associated with *Proteus mirabilis* meningitis (Li ST, et al. 2002). The abscess resolved after ventriculoperitoneal shunting.

## NEUROMUSCULAR DISORDERS

### **EFFECT OF MATERNAL MYASTHENIA ON DELIVERY AND THE NEWBORN**

The effect of pre-existing myasthenia gravis (MG) on delivery and the newborn was investigated in a retrospective study of 127 births by mothers with MG compared to 1.9 million births by mothers without MG at the University of Bergen, Norway. Women with MG have an increased risk of complications at delivery, especially the risk of premature rupture of amniotic membranes (5.5% vs 1.7%,  $p=0.001$ ). Risk of cesarean sections doubled (17.3% vs 8.6%,  $p=0.001$ ). Birth defects and/or neonatal complications occurred in 27 (21%) of the 127 children, and 5 (3.9%) had severe defects vs 1.9% in the reference group (NS). Three with severe defects died. Neonatal MG was diagnosed in 5 cases. Perinatal mortality was 2.4% in the MG group vs 1.4% in the reference group ( $p=0.7$ , NS). A comparison of 45 births in mothers previously thymectomized and 82 nonthymectomy MG births found no significant differences regarding delivery and birth complications or defects. (Hoff JM, Daltveit AK, Gilhus NE. Myasthenia gravis: Consequences for pregnancy, delivery, and the newborn. Neurology November (2 of 2) 2003;61:1362-1366). (Reprints: Dr Jana Midelfart Hoff, Institute of Neurology, University of Bergen, 5021 Bergen, Norway).

COMMENT. MG is associated with an increased risk of complications during delivery and higher rate of cesarean sections. A higher rate of birth defects and perinatal mortality in infants born to MG mothers is not significantly different from non-MG births. Prior thymectomy does not prevent the increase in delivery complications in MG mothers.