and angiography, were normal. The patient also developed familial hemiplegic migraine and partial epilepsy with secondary generalization in adolescence. No relation was observed between the episodic amaurosis, the migraine or seizures. Only the seizures were responsive to AEDs. Relatives affected by the episodic amaurosis, named "elicited repetitive daily blindness (ERDB),' included a cousin, and two daughters, all affected also by familial hemiplegic migraine and partial seizures in two. Genetic linkage to CACNA1A was excuded, and inheritance is segregated as monogenic, autosomal dominant with variable expression. (Le Fort D, Safran AB, Picard F, et al. Elicited repetitive daily blindness. A new familial disorder related to migraine and epilepsy. **Neurology** July (2 of 2) 2004;63:348-350). (Reprints: Dr Dominique Le Fort, Neurology Practice, 7 ruelle du Couchant, 1207 Geneva, Switzerland).

COMMENT. This benign familial syndrome of episodic repetitive daily blindness (ERDB), beginning in childhood and later associated with familial hemiplegic migraine and epilepsy, appears to be localized to an intermittent defect in the eye that is non-progressive but repetitive in to adult life. Ischemic causes, usually invoked in amaurosis fugax, are possible in ERDB but are considered unlikely because of the rapid reversibility and benign course.

## HEADACHE DISORDERS

### MENSTRUAL MIGRAINE

The association between migraine and menstruation was determined using diary data from 155 women of median age 44 years (range, 15 to 58 years) who were not using hormonal contraception and attended the City of London Migraine Clinic, UK. Within-woman analysis and comparing menstruation days with all other times of 693 cycles showed that migraine was 1.7 times more likely to occur during 2 days before menstruation and 2.1 times more likely to be severe, and 2.5 times more likely to occur in the first 3 days of menstruation when it was 3.4 times more likely to be severe. The chance of migraine attacks was 25% more likely in the 5 days preceding menstruation (relative risk (rr) 1.25) and increased to 71% in the 2 days pre-menstruation (rr 1.71). The risk was highest on the first day of menstruation and the following 2 days (rr 2.50), and the risk of severe migraine with vomiting was 5 times more likely on those days (rr 4.69). (MacGregor EA, Hackshaw A. Prevalence of migraine on each day of the natural menstrual cycle. **Neurology** July (2 of 2) 2004;63:351-353). (Reprints: Dr EA MacGregor, City of London Migraine Clinic, 22 Charterhouse Square, London EC1M 6DX, UK).

COMMENT. Migraine at menstruation is different from nonmenstrual migraine and attacks are more frequent and severe, even within individuals.

**Headache among adolescent girls in the US** was studied at the National Institutes of Health, Bethesda, using a school-based national survey, 1997-98. Headache is a prevalent complaint, occurring in 29.1% of girls in grades 6 through 10, and somatic complaints are frequently associated (stomachache in 20.7%, back pain in 23.6%, and morning fatigue in 30.6%). Heavy alcohol consumption, high caffeine intake, and cigarette smoking daily were

strongly linked to the complaints, and parent and teacher support was a deterrent. (Ghandour RM, et al. **Arch Pediatr Adolesc Med** Aug 2004;158:797-803).

## INFECTIOUS DISORDERS

### CNS COMPLICATIONS OF *MYCOPLASMA PNEUMONIAE*

Three cases of acute central nervous system disease occurring subsequent to infection with *M pneumoniae* are reported from University College, Institute of Child Health, and Great Ormond Street Hospital, London, UK. Patients were 8, 11, and 17 years of age. The 8-year old developed fever and cough 3 days before admission. He had diffuse crepitations in the lungs, reduced consciousness, loss of speech, and signs of encephalopathy. Serum anti-*M pneumoniae* immunoglobulin M titers were elevated, and cold agglutinins were positive. MRI of brain was normal. EEG showed diffuse slowing. Following acyclovir, cefotaxime, and erythromycin treatment, he became more responsive but developed visual hallucinations, and impaired visual acuity. Pupils were dilated and unresponsive to light. Funduscopic examination was normal, and VEPs were abnormal. Findings were compatible with optic neuritis. Rapid recovery followed IV methylprednisolone, and convalescent *M* pneumoniae immunoglobulin M titer was reduced. CSF polymerase chain reaction for *M pneumoniae* was negative in all 3 patients. The 11-year-old had an upper respiratory infection, transverse myelitis, and elevated *M* pneumoniae titer, and the 17-year-old presented with a convulsion and pneumonia and a diagnosis of *M pneumoniae* meningoencephalitis. Both patients recovered following treatment with steroids and antibiotics. A review of the literature concerning post-*M pneumoniae* neurologic dysfunction revealed several references, some with direct invasion of the CNS (*M pneumoniae* detected in the CSF), and others with immune-mediated "para-infectious" disease (*M pneumoniae* undetected in CSF). The distinction between these processes is essential in selection of appropriate antibiotic and immunomodulatory therapies. (Chandler PM, Dale RC. Three cases of central nervous system complications associated with *Mycoplasma pneumoniae.* **Pediatr Neurol** August 2004;31:133-138). (Respond: Dr Russell C Dale, Wolfson Centre, Meckelenburgh Square, London WC1N 3JJ, UK).

COMMENT. Neurologic complications of infection with *M pneumoniae* include encephalopathy, optic neuritis, transverse myelitis, seizures, and meningoencephalitis. Also, stroke, striatal necrosis, acute disseminated encephalomyelitis, cerebellitis, brainstem syndrome, dystonia, and focal cortical lesions have been reported. In some, direct invasion of the CNS is confirmed by CSF polymerase chain reaction and culture, and in others, a postinfectious immune-mediated 'para-infectious disease process is suggested. Full recovery followed treatment with steroids and antibiotics in the 3 cases reported here.

**Restless Legs Syndrome is associated with *Mycoplasma* or Streptococcal Infection** in a report of 3 cases from Saga University, Japan, and Johns Hopkins University, Baltimore, MD. (Matsuo M, et al. **Pediatr Neurol** Aug 2004;31:119-121). One had elevated antibodies against caudate nucleus and putamen.