

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. Fundoscopic 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, Mecklenburgh 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.