

of controls, and the dexamethasone group may have been less severely ill than the controls. An assessment of higher cortical function one year after discharge revealed no significant difference in treatment and control groups. Dexamethasone in the treatment of a severely ill child with meningitis may be recommended but a confirmatory study documenting safety is advised to determine its necessity in mild cases. Dexamethasone may save the hearing but worsen cerebral cortical function by ischemic injury and may induce gastrointestinal bleeding.

#### INTRACRANIAL TUBERCULOMA

In a report from the Dept of Pediatrics, All India Inst of Applied Sciences, New Delhi, India, intracranial tuberculoma was found in 20 (24%) of 83 patients with partial seizures complicated by increased intracranial pressure, systemic tuberculosis or focal neurologic deficit and in 12 (22%) of 55 patients with tuberculous meningitis. CT lesions consisting of ring enhancement, discs, and irregular coalescing masses with edema regressed within 12 weeks of starting medical therapy. Surgical excision was not required. Medical management was advocated, with surgery limited to drug treatment failures. (Bagga A et al. Intracranial tuberculoma. Evaluation and treatment. Clin Pediat Oct 1988;27:487-490).

COMMENT. Tuberculoma mimics other space-occupying lesions and in India its reported prevalence has ranged from 4 to 40% of intracranial tumors. Effective chemotherapy and CT monitoring of treatment response have minimized the role of surgery.

#### INTRACRANIAL TUMORS

##### RADIATION-INDUCED TUMORS

The relation between radiotherapy to the head and neck for tinea capitis childhood and the later development of tumors of the brain and nervous system have been investigated in 10,834 patients treated between 1948 and 1960 in Israel and the results evaluated at the Radiation Epidemiology Branch, National Cancer Institute, Bethesda, MD. Neural tumors developed in 73 patients, 60 in irradiated subjects, 8 among general population controls, and 5 among sibling controls. The increase in incidence among those irradiated was 7 times that of controls. The relative risk of all head and neck situated neural tumors among irradiated subjects was 8.4. Increased relative risks were greater for benign nerve-sheath tumors (18.8;n=25) than for meningiomas (9.5;n=19) and gliomas (2.6;n=7). A strong dose-response relation was shown, the risk approaching 20 after doses of 2.5 Gy. Radiation doses to the head and neck in childhood on the order of 1 to 2 GY significantly increased the risk of neural tumors in those areas. (Ron E et al Tumors of the brain and nervous system after radiotherapy in childhood. N Engl J Med Oct 20 1988;319:1033-9).