

CSF, myelography demonstrating serpiginous filling defects and increased spinal cord diameter, and a spinal angiographic outline of the AVM with a large intraspinal aneurysmal sac. Following embolizations, clipping of feeding vessels, and surgical removal of the sac, the AVM was closed but the paraplegia had persisted at 10 mo follow-up. (Esparza J et al. Arteriovenous malformation of the spinal cord in the neonate. Child's Nerv Syst 1987; 3(5): 301-303).

**COMMENT.** Spinal cord A-V malformations may be dorsal extradural, compact intraspinal or diffuse intraspinal involving several vertebral segments. The latter presents in childhood or adolescence and carries a poor prognosis. Stereotaxic radiosurgery or proton beam therapy may offer better results than surgical intervention for large AVM's involving eloquent nervous tissue. (Kjellberg RN et al. N Engl J Med 1983;309:269).

#### CEREBRAL A-V MALFORMATION IN NEONATE

A baby girl who developed congestive heart failure at 3 days of age and was shown to have an aneurysm of the vein of Galen is reported from the Dept Child Health, The Queen's Univ Belfast, Royal Maternity Hosp and Dept Radiology, Royal Victoria Hosp, Belfast. Treatment by embolization with helical stainless steel coils inserted along the straight sinus occluded the aneurysm. Postoperatively, recovery was rapid, the cranial bruit disappeared, and medical treatment for heart failure was discontinued. At 21 mo follow-up, the height and head circumferences, and growth and development were normal. (McCord FB, Shield MD et al. Cerebral arteriovenous malformation in a neonate: treatment by embolization. Arch Dis Child Dec 1987;62(12):1273-1275).

**COMMENT.** In this case non-surgical treatment was successful. Ischemic brain lesions resulting from a steal phenomenon directing blood toward the aneurysm, as reported by Norman and Becker (J Neurol Neurosurg Psychiat 1974;37:252), did not result.

#### PAPILLEDIMA IN CHILDREN

The use of oral fluorescein in the diagnosis of early papilledema in 23 children aged 1 mo to 10 yrs is reported from the Dr Rajendra Prasad Centre for Ophthalmic Sciences, All-India Inst of Med Sciences, Ansari Nagar, New Delhi, India. Of 15 children with suspected or early papilledema associated with hydrocephalus (10), seizures (3), possible tumor (1), and unilateral proptosis (1), late disc staining and retinal vascular fluorescence occurred in 12, the fluorescence at 60 min being significantly greater or of equal intensity to that at 30 min, denoting a positive test. All cases positive on oral fluorescein showed CT evidence of raised intracranial pressure, while those with negative fluorescein tests had normal CT's. In 8 children with pseudopapilledema examined after oral fluorescein, the retinal vascular fluorescence and slight disc head staining with sharp margins at 30 min declined markedly by 60 min, a negative result, identical to that found in normal fundi. The authors caution that a negative result may occur with very early stages of papilledema manifested only by venous engorgement. (Ghose S, Nayak BK. Role of oral fluorescein in the diagnosis of early papilledema in children. Brit J Ophthalmol Dec 1987; 71(12):910-915).

**COMMENT.** The necessity for conventional intravenous administration of fluorescein often precludes its use in small children with suspected papilledema. Oral fluorescein offers a more practical test that may gain acceptance if these results are confirmed. The funduscopic examination and