lymphocytic inflammation and focal vasculitis, secondary to linear scleroderma en coup de sabre. She was treated with methotrexate, and had no recurrence of seizures. (Holland KE, Steffes B, Nocton JJ, et al. Linear scleroderma en coup de sabre with associated neurologic abnormalities. **Pediatrics** January 2006;117:132-136). (Respond: Kristen E Holland MD, Department of Dermatology, 920-0 W Wisconsin Ave, Milwaukee, WI 53226).

COMMENT. Examination of the skin and scalp is important in children with unexplained partial complex seizures or other neurologic findings. A list of neurologic abnormalities associated with linear scleroderma *en coup de sabre* includes hemiparesis, peripheral facial palsy, oculomotor nerve palsy, ptosis, tongue atrophy, trigeminal neuralgia, intracranial aneurysm, subdural hygroma, and headaches. Neurologic complications usually follow the skin lesions by months or sometimes, years. The etiology is usually unknown, but the vasculitis has been attributed to infection (*Borrelia burgdorferi* in Japan and Europe), trauma, and genetic factors. Linear scleroderma is a self-limited disease, but reactivation can occur, and complete resolution is uncommon.

CNS NEOPLASMS

CNS MENINGIOMAS IN CHILDREN AND ADOLESCENTS

A clinicopathological analysis of 87 cases of meningioma in children and adolescents age 5 months to 20 years (mean 14 years) is reported from the Armed Forces Institute of Pathology, Walter Reed Army Medical Center, Children's National Medical Center, George Washington University, Washington, DC; Uniformed University of Health Sciences, Bethesda, MD; and Catholic University of Korea, Seoul. Males outnumbered females, 52 to 35. Presenting symptoms were seizures in 33%, headaches (13%), ataxia (10%), and hemiparesis (10%). Neurofibromatosis type 2 was present in 9 patients and Gorlin syndrome (multiple basal cell carcinoma syndrome, a familial autosomal-dominant inheritance) in 2. Tumors were supratentorial in 64%, infratentorial in 16%, intraventricular in 12%, and spinal in 8%. Total resection was performed in 53 (62%) patients, and subtotal resection in 28 (33%). Seven had received radiotherapy. Recurrences occurred in 12. Meningiomas were WHO Grade I in 62 (71%), Grade II in 21 (24%), and Grade III in 4 (5%). At a median follow-up of 68.5 months in 62 patients, 7 (11.3%) had died. Recurrence-free survival time was significantly related to WHO grade (33% of Grade III cases survived 10 years cf 70% and 92% for Grade I and II cases; p=0.002). Except for weak evidence of a higher risk in Grade III tumors (50% with 5 year survival cf to 97% and 100% for Grade I and II, respectively), overall survival time was not significantly linked to WHO grade or other prognostic factor (p=0.06). (Rushing EJ, Olsen C, Mena H, et al. Central nervous system meningiomas in the first two decades of life: a clinicopathological analysis of 87 patients. **J Neurosurg (6 Suppl Pediatrics)** Dec 2005;103:489-495). (Reprints: Elisabeth J Rushing MD, Department of Neuropathology, Armed Forces Institute of Pathology, Washington, DC 20306).

COMMENT. Close surveillance is advisable in children who have undergone radiotherapy or have a genetic predisposition to meningioma. Childhood meningiomas account for less than 3% of primary CNS tumors.