INFECTIOUS DISORDERS

AGE-RELATED DIFFERENCES IN CLINICAL FEATURES OF NEUROCYSTICERCOSIS

Clinical, radiologic, and inflammatory features of neurocysticercosis (NC) in 92 pediatric (<15 years) and 114 adult Mexican patients were compared in a study at three hospitals in Mexico City. Diagnosis was based on CT and/or MRI, before treatment. Ages of pediatric patients ranged from 11 months to 14 years. Symptoms in order of frequency in both age groups were seizure, headache, intracranial hypertension (ICH), and focal deficits. Seizures were more frequent in children (80.4% vs 56.1%; $p<0.0001$), and headache and ICH were more frequent in adults (35.1% vs 21.7%; $p=0.04$). The cause of ICH differed in the two groups: in children, an increased inflammatory response to subarachnoid parasites, and in adults, obstruction of CSF circulation by cysticerci in basal cisterns or ventricles. Colloidal parenchymal cysts were single in children with seizures, and multiple in adults. The number, location, and stage of parasites differed between the 2 age populations: a single colloidal or calcified parenchymal parasite was most frequent in children, and multiple parasites in basal cisterns or ventricles were most frequent in adults. CSF inflammatory response was significantly greater in adults than in children ($p=0.02$). (Saenz B, Ruiz-Garcia M, Jimenez E et al. Neurocysticercosis. Clinical, radiologic, and inflammatory differences between children and adults. **Pediatr Infect Dis J** Sept 2006;25:801-803). (Respond: Agnes Fleury M D, Instituto Nacional de Neurologia y Neurocirugia, Av Insurgentes Sur 3877, Col La Fama, Del Tlalpan, CP 14269, Mexico, DF, Mexico).

COMMENT. Neurocysticercosis in Mexican children presents with a single degenerating parasite located in the parenchyma, while multiple viable parasites located in basal cisterns or ventricles are more common in adult patients.

Cysts of *Taenia solium* in the CNS (neurocysticercosis) are a leading cause of epilepsy in some countries. The host reaction to degenerating cysts in the brain may cause, in addition to seizures, meningitis, obstructive hydrocephalus, and behavioral disorders. Cysts in the spinal column can cause gait disturbance, pain, or transverse myelitis. Subcutaneous cysts appear as nodules, and ocular cysts cause visual impairment. Ocular and spinal cysts generally are not treated with anthelmintic drugs, which will exacerbate inflammation. Ophthalmic examination to rule out ocular cysts is recommended before beginning treatment with albendazole. (AAP. Red Book: 2006 Report of the Committee on Infectious Diseases. 27th ed;644-646).

VACCINE-INDUCED ACUTE METABOLIC CRISES

Acute metabolic crisis occurring in 7 children (6 at ages 3 - 9 months, and 1 at 5 years), between 3 and 12 hours after administration of Japanese encephalitis, diphtheria, and tetanus toxoids, and acellular pertussis, hepatitis B, and measles vaccines, is reported from Peking University First Hospital, Beijing, China. Preexisting primary diseases, not known before vaccination, included Leigh disease in 3 infants, glutaric aciduria type 1,