recommended in a child with varicella who presents with reddening of an eye or blurred vision, to exclude papillitis or necrotizing retinitis. Prompt antiviral therapy may help to preserve some residual vision and prevent extension of the lesion. Systemic corticosteroids are not generally advocated, and possible benefits of a brief course used in the above child with a fulminant retinopathy would require confirmation by controlled trial.

HERPES SIMPLEX VIRUS REACTIVATION AFTER HEMISPHERECTOMY FOR INTRACTABLE SEIZURES

Researchers at the Cleveland Clinic report a 23-month-old immunocompetent boy with reactivated herpes simplex virus encephalitis (HSE) after a subtotal hemispherectomy for seizures related to HSE-associated right middle cerebral artery infarction at 7 months of age. The diagnosis had been confirmed by HSV PCR from CSF, and he had completed a 21 day couse of iv acyclovir. Acyclovir and dexamethasone were administered routinely at time of surgery. Fever developed on postoperative day 1 and persisted despite continued acyclovir. CSF HSV PCR was positive for type 1 on postop day 8 and negative day 11. At 3 weeks he was doing well with no seizures and was afebrile. Resected tissue showed multiple infarctions and microglial nodules, consistent with HSE history. (Gong T, Bingaman W, Danziger-Isakov L, Tuxhorn I, Goldfarb J. Herpes simplex virus reactivation after subtotal hemispherectomy in a pediatric patient. **Pediatr Inf Dis Jrnl** Dec 2010;29(12):1148-1150). (Respond:Johanna Goldfarb MD, 9500 Euclid Ave, S25, Cleveland, OH 44195. E-mail: <u>goldfaj@ccf.org</u>).

COMMENT. Reactivation of HSV after HSE is unusual and typically occurs immediately after treatment of a primary encephalitis. Cases with shorter courses of acyclovir may be susceptible. The authors cite one previous case in the literature of HSV reactivation after epilepsy surgery for mesial temporal sclerosis. The primary infection occurred at 16 months of age and reactivation 6 years later after hippocampectomy and gyrus corticotomy, the previous site of herpes infection. (Bourgeois M et al. Neurosurgery 1999;44:633-635).

HSV reactivation should be ruled out by repeated CSF PCR in patients with persistent fever and irritability following epilepsy surgery. Transient immunosuppression complicating perioperative steroid therapy is suggested as a mechanism for HSV reactivation following hemispherectomy.

DEMYELINATING DISORDERS

COGNITIVE IMPAIRMENT IN MULTIPLE SCLEROSIS AND MRI

The utility of MRI techniques to monitor cognitive impairment progression in MS over time and to assess treatment is reviewed by researchers at University Hospital, San Raffaele, Milan, Italy; State University of New York, Buffalo; University of New Jersey, Newark; Leiden Institute for Brain and Cognition, the Netherlands; and University College and Institute of Neurology, Queen Square, London, UK. Focal white matter lesions play a role by disruption of crucial tracts, but the effect of T2-visible lesions on MS-related cognitive impairment is limited. Detection of cortical lesions in critical brain areas is important, and cerebral atrophy is robustly associated with cognitive deficits. Brain volume measures are correlated better with cognitive performance than T2 and T1 lesion volumes. The value of fMRI in measurement of benefits of therapeutic interventions in MS requires multicenter studies. (Filippi M, Rocca MA, Benedict RHB, et al. The contribution of MRI in assessing cognitive impairment in multiple sclerosis. Neurology Dec 7, 2010;75:2121-2128). (Response and Reprints: Dr Massimo Filippi. E-mail: <u>m.fillpi@lsr.it</u>).

COMMENT. Cognitive impairment occurs in 40% to 70% of patients with MS. Deficits involve chiefly information processing speed and episodic memory (repetition or recall of verbal or visual information presented over successive learning trials, after an interval of 20-30 minutes). Two validated test batteries are accepted: the Rao Brief Repeatable Neurosychological Battery (BRNB) and the Minimal Assessment of Cognitive Function in Multiple Sclerosis (MACFIMS). The Symbol Digit Modalities Test (SDMT) requires only 5 minutes and is proposed as a reliable and sensitive test in MS, correlating with MRI findings.

NEUROCOGNITIVE SEQUELAE IN AFRICAN AMERICAN AND CAUCASIAN CHILDREN WITH MS

Psychologists at the University of Alabama, Birmingham, examined neurocognitive differences between African American (AA) and Caucasian (CA) patients with pediatric-onset multiple sclerosis (POMS). The study included 42 subjects aged 6-21 years; 20 AA and 22 CA. The AA cohort performed worse on measures of language (p<0.001) and complex attention (p<0.01) than their CA peers. Longitudinal measurement of cognitive pathology is important for development of effective intervention strategies to prolong cognitive functioning in POMS patients. (Ross KA, Schwebel DC, Rinker J II, et al. Neurocognitive sequelae in African American and Caucasian children with multiple sclerosis. **Neurology** Dec 7, 2010;75:2097-2102). (Response and Reprints: Kelly Ross MA, Dept Psychology, University of Alabama, 1530 3rd Ave South, CH 415, Birmingham, AL 35294. *E-mail:* kross3@uab.edu).

COMMENT. The authors suggest that cognitive intervention focused on language and complex attention skills may be particularly helpful in AA youth with MS.

In an editorial, Marie RA (Neurology 2010;75:2054-2055) comments that heterogeneity in physical and cognitive outcomes in MS reflect the contribution of multiple factors including genetics, environment, comorbid disease, health behavior, and increasingly, race and ethnicity. Ethnicity, or a social group who share a common history, social and cultural traditions, may be underappreciated in evaluating differences in cognitive ability. Longitudinal studies in children with MS need to measure differences related to ethnicity as well as race and social factors.