

cannot be routinely advocated for all patients until well designed prospective studies comparing plasmapheresis and IV gamma globulin have been performed in children (Epstein M A, Sladky, J T. The role of plasmapheresis in childhood Guillain-Barre Syndrome. Ann Neurol July 1990; 28:65-69).

COMMENT: The proceedings of a symposium on "Autoimmune Neuropathies: Guillain-Barre Syndrome" sponsored by the National Institutes of Health are published in the Annals of Neurology Supplement to Volume 27 1990. Plasmapheresis was the accepted therapy for Guillain-Barre syndrome, particularly in adults, but other approaches are being explored. One is the infusion of immunoglobulins and another is the use of high dose steroids early in the disease. Controlled studies are in progress, but results are not yet available. (McKhann GM. Guillain-Barre Syndrome: Clinical and therapeutic observations. Ann Neurol 1990; 27 (Supplement): S13-S16).

HEREDITARY MOTOR AND SENSORY NEUROPATHIES

Transcranial magnetic brain stimulation was used to study central motor conduction (CMCT) to small hand muscles in patients with peroneal muscular atrophy and hereditary spastic paraplegia at the National Hospital and Institute of Neurology, Queen Square and the Department of Neurological Science, Royal Free Hospital, London, UK. Proximal motor roots were excited at the intervertebral foramina, the stimulating cathode placed at C7-T1 and the anode 6 centimeters laterally on the ipsilateral side. Central motor conduction time was estimated by subtracting the latency of this potential from that of the response to brain stimuli. CMCT was normal in HSMN I, HSMN II, and HSP. In patients with HSMN I with pyramidal signs, central motor conduction time was greatly prolonged bilaterally. The results reflected an involvement of the central motor pathways. (Claus D et al. Hereditary motor and sensory neuropathies and hereditary spastic paraplegia: A magnetic stimulation study. Ann Neurol July 1990; 28:43-49).

COMMENT: Dyck PJ and Lambert EH (Arch Neurol 1968; 18:603-625) subdivided patients with HSMN into two main groups: HSMN I with demyelination in peripheral nerves and HSMN II without demyelination. Patients with HSMN who had pyramidal signs were designated type V. Pyramidal signs may occur as a regular feature in some families but do not reflect disease severity. The authors of the above study found no correlation between the degree of general disability and the occurrence of abnormal CMCT.