

very low birth weight and normal birth weight children. The AP-BP ratio was unrelated to IQ (Kitchen WH et al. Very low birth weight and growth to age 8 years II: head dimensions and intelligence. AJDC Jan 1992; 146:46-50.) (Reprints not available.)

**COMMENT.** The authors concluded that the National Center for Health Statistics data for occipitofrontal circumference measurements were more appropriate than the Nellhaus data in this study. Head growth achieved by age 8 years was progressively reduced in lower birth weight categories in all measurements except the anteroposterior diameter. Occipitofrontal circumference was closely related to IQ and other head measurements are not recommended in routine clinical practice. In a further report the authors found that maternal height and the birth weight ratio were more important than health after birth in predicting a height or weight below the 10th percentile at age 8 years in children with low birth weights. Occipitofrontal head circumference is related to infant development and later intelligence in childhood and is a useful indication of brain size.

## CEREBRAL PALSY

### **ANTEPARTUM CAUSES OF CEREBRAL PALSY**

Six neonates with destructive brain lesions of fetal onset, diagnosed by radiological and neurophysiological studies, are reported from the Departments of Pediatrics, Neurology, Radiology, and Obstetrics and Gynecology, Magee-Womens Hospital, Pittsburgh, PA and Children's Hospital of Pittsburgh. Initial diagnosis of cerebral lesions was made by fetal sonography in 2 patients and CT scan in 4 during the first 30 hours of life. No intrapartum difficulties were noted and 2 patients had definitive evidence of maternal and placental disease that preceded the onset of active labor. The neurological examinations were normal at birth, but 4 presented with isolated seizures at 8-30 hours of life and initial neonatal EEGs showed abnormalities. The authors recommend that cranial imaging and neurophysiological studies should be used during the first days of life for neonates believed to have cerebral lesions based on maternal sonography or isolated seizures. (Scher MS et al. Destructive brain lesions of presumed fetal onset: antepartum causes of cerebral palsy. Pediatrics Nov 1991; 88:898-906.) (Reprints: Dr. Scher, Develop Neurophysiol, Magee-Womens Hospital, Forbes St., Pittsburgh, PA 15213.)

**COMMENT.** Cranial ultrasonography and CT studies during the first few days of life may document lesions occurring prenatally. Children with antepartal brain injury may be asymptomatic or exhibit few clinical signs during the neonatal period and may later develop cerebral palsy.

### **MRI IN ATHETOTIC CEREBRAL PALSY**

The MRI in 22 children with athetotic cerebral palsy was studied in the Department of Pediatric Neurology, Seirei-Mikatabara General Hospital,