neurofibromatosis type 2 was confirmed by a gadolinium MRI in a 14-year-old girl who presented with flaccid weakness and wasting of the left upper limb and EMG evidence of brachial plexopathy (Millichap JG, Gomez MR. Ped Neur Briefs July 1990; 4: 50-51). The standard MRI was inconclusive whereas the gadolinium imaging revealed enlargement of neural formina C 5-6 on the left side and evidence of a plexiform neurofibroma. Examination of the skin showed depigmented and cafe-au-lait patches, helpful in the diagnosis in this case.

## CRITICAL-ILLNESS POLYNEUROPATHY

A review of the neurological complications of sepsis from the University of Western Ontario, London, and Queen's University, Kingston, Ontario, Canada, draws attention to "critical-illness polyneuropathy" as a cause of difficulty in weaning from the ventilator. Patients with major medical, surgical, or traumatic illnesses who are in the recovery phase of septic encephalopathy may develop respiratory difficulties as an early sign of polyneuropathy. Electrophysiological studies, showing reduction of diaphragmatic action potential and denervation of chest wall muscles, may be diagnostic of the neuropathy before weakness of limbs and areflexia develop. In contrast to the central nervous system, damage to the peripheral nervous system is more severe and sometimes persistent in the septic syndrome. (Bolton CF et al. The neurological complications of sepsis. Ann Neurol Jan 1993; 33: 94-100). (Correspondence: Dr Bolton, Victoria Hospital, 375 South Street, London, Ontario N6A 4G5, Canada).

COMMENT. In addition to encephalopathy and polyneuropathy, patients with sepsis may develop myositis or myopathy and an elevated CPK. The EEG and EMG are sensitive indicators of these complications of the septic syndrome.

# CEREBROVASCULAR DISEASE

## ASYMPTOMATIC ANEURYSMS AND HIV INFECTION

Aneurysms of major cerebral arteries in two children , aged 11 and 12 years, infected with human immunodeficiency virus from blood transfusions are reported from the National Institutes of Health, Bethesda, MD, and Georgetown University Hospital, Washington, DC. The incidence among 250 children treated and monitored with MRI was 0.8 percent. The aneurysms developed and progressed during therapy and follow-up but were asymptomatic. The role of HIV infection in these lesions was undetermined. (Husson RN et al. Cerebral artery aneurysms in children infected with human immunodeficiency virus. J Pediatr Dec 1992; 121: 927-930). (Reprints: Philip A

Pizzo MD, Pediatric Branch, National Cancer Institute, Bldg 10, Rm 13N240, 900 Rockville Pike, Bethesda, MD 20892).

**COMMENT.** CNS involvement in children with HIV infection is common and is frequently manifested with cognitive dysfunction or regression of developmental milestones. Calcifications in the basal ganglia and frontal lobes, white matter changes, and cerebral atrophy are the usual MRI findings. Cerebrovascular disease is an uncommon but potentially hazardous complication. ( See Ped Neur Briefs Aug 1991; 5: 57-58, for further discussion of CNS involvement in HIV infection).

A recent neuropsychologic study of HIV-infected children with hemophilia at the University of North Carolina, Chapel Hill, suggested an overall trend toward lower motor, attentional, memory, and sensory-perceptual functioning. When the results were contrasted to those in a control group of children who also had hemophilia, no significant differences were apparent. The early, subtle psychological deficits could not be attributed solely to CNS effects of HIV infection. (Whitt JK et al. Neuropsychologic functioning of human immunodeficiency virus-infected children with hemophilia. J Pediatr Jan 1993; 122: 52-59). (Reprints: JK Whitt MD, Dept of Psychiatry, Campus Box No 7160, University of North Carolina, Chapel Hill, NC 27599).

## MULTIPLE ARTERIOVENOUS SHUNTS

Symptoms, management, and outcome of 13 cases of multiple cerebral arteriovenous malformations (MAVMs) are reported from the Centre Hospitalier de Bicetre, France. The age ranged from 6 months to 15 years. The incidence of MAVM among the pediatric population with brain AVMs was 16.9%. Congenital and acquired types were distinguished. Hemorrhage was the presenting symptom in 31%. Spontaneous regression occurred in 15%. Angiogenesis, or sprouting around a true AVM following hemorrhage, may account for some acquired MAVMs. Embolization was the most successful mode of treatment, but anatomical cure was rarely obtained. (Iizuka Y et al. Multiple cerebral arteriovenous shunts in children: report of 13 cases. Child's Nerv Syst Dec 1992; 8: 437-444). (Correspondence: P Lasjaunias MD, Service de Neuroradiologie, Centre Hospitalier de Bicetre, 78, Rue du General Leclerc, F-94275 Le Kremlin Bicetre Cedex, France).

**COMMENT.** The rate of serious morbidity following a hemorrhage from an AVM is about 30% and the mortality is about 10%. AVMs in children are more apt to bleed than those in adults. Total excision seems the treatment of choice when feasible. (See Progress in Pediatric Neurology, Ed Millichap JG, Chicago, PNB Publishers, 1991). With multiple AVMs in the present study, embolization was preferred.