

Arch Pediatr Adolesc Med Feb 1994;148:174-179). (Reprints: Dr Stone, Child Development Center, Vanderbilt University Medical Center S, Room 426, 2100 Pierce Ave, Nashville, TN 37232).

COMMENT. Improved awareness of early signs of autism should help physicians recognize and refer patients for specialized intervention. Parents are better judges of a child's imaginative play and peer friendships, whereas physicians may be more objective about a child's social awareness, interactive play, imitation skills, and nonverbal communication.

Decreased plasma concentrations of the C4B complement protein are reported in a group of 42 autistic subjects examined at the Center for Persons with Disabilities and Department of Biology, Utah State University, Logan, UT. (Warren RP et al. Arch Pediatr Adolesc Med Feb 1994;148:180-183).

ABNORMAL EEG IN AUTISM: VALPROATE RESPONSE

Three children, ages 3, 4, and 5 years, with autism and epileptiform EEG discharges showed clinical improvement with valproic acid therapy at Mercy Hospital and Medical Center, Chicago, IL. None had a history of seizures. Within one month of VPA 125 mg tid treatment, language and social skills improved and the DSM-III-R criteria for autism no longer applied. Improvement had been maintained at follow-up 7 to 11 months later. (Plioplys AV. Autism: electroencephalogram abnormalities and clinical improvement with valproic acid. Arch Pediatr Adolesc Med Feb 1994;148:220-222). (Reprints: Dr Plioplys, Division of Neurology, Mercy Hospital and Medical Center, Stevenson Expressway at King Drive, Chicago, IL 60616).

COMMENT. The author stresses the importance of sleep EEGs to uncover epileptiform discharges in young autistic patients without history of clinical seizures. Further trials of antiepileptic drugs in autistic children seem justified.

POSTERIOR FOSSA ABNORMALITIES IN INFANTILE AUTISM

Previously published cerebellar vermis measures of 78 autistic patients from 4 separate MRI studies have been reanalysed at the Neurosciences Department, School of Medicine, University of California at San Diego, La Jolla, CA. Abnormalities were in 2 groups: vermal hypoplasia in 80-90% and vermal hyperplasia in 8-16% patients. These subgroups also differed significantly from normal controls. Failure to recognize these variations in vermal structure among patients may have lead to disparate reports of cerebellar maldevelopment in infantile autism. (Courchesne E et al. The brain in infantile autism: Posterior fossa structures are abnormal. Neurology Feb 1994;44:214-223). (Reprints: Dr Eric Courchesne, Neuropsychology Research Laboratory, Children's Hospital, 3020 Children's Way, San Diego, CA 92123).

COMMENT. Cerebellar pathology and hypoplasia have been reported in Rett and Down syndromes as well as autism. Attentional asynergia and dysfunction following cerebellar damage are linked to impaired social communication skills. Cerebellar mutism and personality changes have followed surgical removal of medulloblastoma. (Ped Neur Briefs Feb