with migraine and "very brief" headaches, but epileptiform EEG activity does not prove an epileptic origin for headache and its significance in diagnosis and treatment is minimal. (Kramer U, Harel S et al. The value of EEG in children with chronic headaches. <u>Brain Dev</u> July/Aug 1994;16:304-8). (Respond: Dr S Harel, Institute for Child Development and Pediatric Unit, Beit Habriut Strauss, 7 Balfour St, Tel Aviv 65211, Israel).

COMMENT. See <u>Progress in Pediatric Neurology II</u> (PNB Publ, 1994, p 156) for a report of the EEG findings in children with chronic recurrent headaches and response to phenytoin. Grade III epileptiform EEGs were found in 18% of the total and with the same incidence in migraine patients. Migraine was controlled in 77% but a positive response did not correlate with EEG abnormalities; those with normal EEGs were benefited equally. (Millichap JG. Recurrent headaches in 100 children. Electroencephalographic abnormalities and response to phenytoin (Dilantin). <u>Child's Brain</u> 1978;4:95-104). The significance of the EEG in chronic headache evaluation and the mechanism of the anti-migraine effect of phenytoin and other antiepileptic drugs (eg. valproate) need further investigation.

## VASCULAR DISORDERS

## STROKE AND CEREBRAL INFARCTS IN HIV INFECTION

Four out of 380 HIV-infected children followed in a 10 year period at the Hopital Bicetre, France, had acute hemiparesis and stroke with MRI and CT evidence of cerebral infarcts. Two patients had giant aneurysms and multiple thromboses, a history of frequent infections, a severe clinical course, and poor or fatal outcome. Two had an isolated thrombosis or necrotic area, a less progressive disease, and a more favorable outcome. In two additional patients, stroke was secondary to a massive cerebral hemorrhage and thrombocytopenia, and to sickle cell disease. (Philippet P, Tardieu M et al. Stroke and cerebral infarcts in children infected with human immunodeficiency virus. <u>Arch Pediatr Adolesc Med</u> Sept 1994;148:965-970). (Reprints: Dr Tardieu, Neurologie Pediatrique, Hopital Bicetre, 94275 Le Kremlin, Bicetre Cedes, France).

COMMENT. Stroke in HIV infected children is rare but variable in underlying pathology and prognosis. The authors anticipate a more frequent incidence of this complication because of improved management and longer survival of patients with HIV.

## CEREBRAL ARTERIOVENOUS MALFORMATIONS

A retrospective analysis of 62 children with cerebral arteriovenous malformations (AVM) seen over 17 years is reported from Hospital B, Lille, France. Ages ranged from 3 months to 14 years. Seven had a previous history of headache, and 5 (8%) had been treated for epilepsy. Intracranial hemorrhage and stroke was the presenting manifestation in 54 (87%). AVMs were supratentorial in 41 and infratentorial in 11. Total excision of the AVM was achieved in 47 of 52 operated. At follow-up, 50 had a good clinical outcome based on the Glasgow scale, 6 mild, 2 poor, and 4 died. Recurrent hemorrhage occurred in 3, fatal in 1. AVM recurrences in 2 were treated successfully by radiosurgery. Of ten with aphasia before surgery; 5 had improved. Of 25 with hemiparesis on admission, 12 recovered function and 7 have severe deficits.