

children treated for ALL. In a study from the Institute of Child Health, University of London, children who received a second course of cranial radiotherapy for relapsing LL suffered from neurologic deficits, growth impairment, ventricular enlargement on MRI, and impairments of tests of verbal comprehension, attention, and memory. Girls were affected more than boys. (Ped Neur Briefs June 1994;8:47). Hypoplasia of the cerebellar vermis and cognitive deficits involving visual-spatial-motor coordination and memory were reported at 9 year follow-up in 13 children who received 24 Gy cranial radiation and intrathecal methotrexate at the University of New Mexico and centers in Canada. (Ped Neur Briefs Nov 1994;8:82). The late morbidity associated with cranial radiotherapy has been recognized for some time. The Children's Cancer Group study demonstrates that cognitive deficits may become evident as early as 9 months after treatment, even with more moderate levels of irradiation. Whole-brain radiotherapy for brain tumors may also result in significant IQ deficits in children treated before age 7. (Progress in Pediatric Neurology II, 1994, p199).

LANGUAGE DOMINANCE WITH LEFT HEMISPHERE TUMORS

Hemispheric language dominance in 12 children with slow growing tumors near left hemisphere language areas was studied at the Cleveland Clinic, OH. Complex partial seizures began at or under 6 years of age. Tumor resection was performed at ages 5 to 20 years, an average of 8 years after seizure onset. Neurologic exam was normal in 11 patients. Ten (83%) had amobarbital tests indicating left hemisphere language dominance, confirmed by cortical stimulation in 6. Eleven with complete tumor resection were seizure-free at follow-up. Most had developmental neoplasms, often congenital. Paired t tests found no differences between pre- and postoperative performance of language tests, and a tendency for improved language function after operation. (DeVos KJ et al. Language dominance in patients with early childhood tumors near left hemisphere language areas. Neurology February 1995;45:349-356). (Reprints: Dr Elaine Wyllie, Pediatric Epilepsy Program, The Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44195).

COMMENT. Language dominance does not usually transfer to the contralateral hemisphere in young children with low-grade left frontal and temporal tumors. Successful tumor resection is accomplished by using cortical stimulation studies and sparing of the language areas in close proximity to the tumor.

NEUROMUSCULAR DISORDERS

PYRIDOXINE-INDUCED SENSORY NEUROPATHY

An 18-year-old man with seizures from birth was followed in the Department of Clinical Neurological Sciences, University of Western Ontario, London, and was found to have developed a sensory neuropathy by 2 years of age following treatment with pyridoxine in doses up to 2000 mg/day. The initial seizure at birth responded to pyridoxine 150 mg IV, after treatment with diazepam had failed. A sister had died in status epilepticus at age 9 days and had not received pyridoxine. Complex febrile seizures from 1 to 4 years, followed by recurrent afebrile convulsions, and at 13 years, complex partial seizures continued despite pyridoxine 2000 mg/day, phenytoin, and phenobarbital. At