

Encephalopathy in children with perinatally acquired human immunodeficiency virus infection. J Pediatr May 1995;126:710-715). (Reprints: M Blake Caldwell MD, MPH, Division of HIV/AIDS, Centers for Disease Control and Prevention, 1600 Clifton Rd, MS E-45, Atlanta, GA 30333).

COMMENT. A recent American Academy of Neurology AIDS Task Force consensus report on nomenclature suggested that the term "HIV associated progressive encephalopathy of childhood" be adopted to replace AIDS encephalopathy and other terms used to describe the CNS abnormalities directly related to HIV-1 infection. (Neurology 1991;41:778-785). Belman AL reviews the recent advances in AIDS and the nervous system in Progress in Pediatric Neurology II (Millichap JG, Ed. PNB Publishers, 1994, pp397-400).

## HEADACHE AND VASCULAR DISORDERS

### **CEREBRAL VEIN THROMBOSIS AND SYSTEMIC LUPUS**

Three girls, ages 11, 14, and 17, with systemic lupus erythematosus, who had headache and were diagnosed with cerebral vein thrombosis are reported from the Hospital for Sick Children, University of Toronto, and the Children's Hospital, McMaster University, Hamilton, Canada. Diagnosis was established by CT and MRI without need of angiography. Cerebral infarct occurred in one patient when diagnosis was delayed. All patients received low-dose oral anticoagulation and treatment for lupus and none had further thrombotic events during 10-18 month follow-up. (Uziel Y et al. Cerebral vein thrombosis in childhood systemic lupus erythematosus. J Pediatr May 1995;126:722-727). (Reprints: ED Silverman MD, Division of Rheumatology, The Hospital for Sick Children, 555 University Ave, Toronto, Ontario, Canada M5G 1X8).

COMMENT. Headache is the chief presenting symptom of cerebral venous thrombosis. These are of the tension or vascular type in 25%, but migraine headache and those associated with increased intracranial pressure also occur. Associated seizures, papilledema, and hemiparesis are also suggestive. A severe, persistent, throbbing headache, unresponsive to analgesics, points to a possible cerebral vein thrombosis, and is an indication for CT examination.

### **MIGRAINE AND ISCHEMIC STROKE**

The relation between migraine and ischemic stroke in 72 young women aged under 45 and 173 controls was investigated at five hospitals in Paris and suburbs. A questionnaire based on the International Headache Society's criteria for headache and migraine was used in telephone interviews. Migraine and ischemic stroke were strongly associated. Migraine was diagnosed in 60% of patients with stroke compared to 30% of controls. Women with migraine had a more than threefold increased risk of ischemic stroke (19 per 100,000 per year) compared with women without migraine (6 per 100,000 per year). The risk of stroke was higher in cases with aura than in those without aura. It was increased for migrainous women who used oral contraceptives or who were heavy smokers (>20 cigarettes/day). (Tzourio C et al. Case-control study of migraine and risk of ischaemic stroke in young women. BMJ 1 April 1995;310:830-833). (Respond: Dr Tzourio, INSERM U 360, Recherches Epidemiol en Neurologie et Psychopathologie, Cedex 94807 Villejuif, France).

COMMENT. The authors concluded that despite a relatively small risk of ischemic stroke, smoking and the use of oral contraceptives should be discouraged or limited in young women with migraine. It was not known whether the increased risk of stroke related to all young migrainous women or only to a subgroup that remains to be defined.

## HEADACHE AND GINSENG-RELATED CEREBRAL ARTERITIS

A 28-year-old woman who had a severe headache after ingesting a large quantity of ethanol-extracted ginseng was diagnosed with cerebral arteritis in the Department of Neurology, Chang Gung Memorial Hospital, Keelung, Taiwan. Ginseng root 25 gm stewed in rice wine was taken for fatigue associated with sore throat. An explosive headache with nausea and vomiting developed 8 hours later and was temporarily relieved by acetaminophen. Smaller quantities of ginseng had never caused headache. CT showed increased density over the falx, suggestive of subarachnoid hemorrhage. Cerebral angiograms revealed multiple areas of alternating focal constriction and dilatation (beading) in anterior and posterior cerebral arteries and superior cerebellar artery, consistent with arteritis. The headache gradually resolved within 10 days. (Ryu S-J, Chien Y-Y. Ginseng-associated cerebral arteritis. Neurology April 1995;45:829-830). (Reprints: Dr Shan-Jin Ryu, Department of Neurology, Chang Gung Memorial Hospital, 199, Tung Hwa North Road, Taipei 105, Taiwan).

COMMENT. The temporal association between the ingestion of the ethanolic ginseng extract and the onset of a severe headache was strongly suggestive of a causal relationship. The use of cocaine, amphetamine, phenylpropanolamine, and other sympathomimetic drugs was denied. Most ginseng users are not medically supervised, and adolescents and adults may be experimenting with doses larger than those generally recommended in Chinese practice (0.5 to 2 gm). The expected benefits are listed as prevention of aging or tiredness, improved stamina or concentration, and increased resistance to stress or disease.

## FEBRILE SEIZURES

### IBUPROFEN AND ACETAMINOPHEN ANTIPYRETIC EFFICACY

The antipyretic efficacies of ibuprofen (5 mg/kg dose) and acetaminophen (10 mg/kg dose) were compared in 70 outpatients (mean age, 2.1 years) with a history of febrile seizures by a randomized, multiple dose, double-blind clinical study conducted at the University Hospital, Sophia Children's Hospital, and Erasmus University, Rotterdam, the Netherlands. Doses were given every 6 hours for 1 to 3 days, and rectal temperatures were recorded at 0, 2, 4, 6, 12, and 24 hours after the first dose. Ibuprofen reduced fever 0.5 degree C more than acetaminophen at 4 hours. The mean temperature was 0.26 degrees lower during ibuprofen treatment, and the highest temperature was 0.3 degrees lower. In a crossover trial and analysis, these differences in temperature were 0.66 and 0.36, respectively, in favor of ibuprofen. (Van Esch A et al. Antipyretic efficacy of ibuprofen and acetaminophen in children with febrile seizures. Arch Pediatr Adolesc Med June 1995;149:632-637). (Reprints: Dr Van Esch, Department of Public Health, Room Ee2091, Erasmus University, PO Box 1738, 3000 DR Rotterdam, the Netherlands).