

COMMENT. The effect of 5-hydroxytryptophan was only partial, improving kinetic ataxic symptoms but not the static scores involving posture. In another double-blind crossover study at the Medical University of Lubeck, and other centers in Germany, Wessel K et al reported no significant effect of hydroxytryptophan on cerebellar symptoms in 19 patients with Friedreich's ataxia (Arch Neurol May 1995;52:451-455). Currier RD, in an editorial, concludes that "the levorotatory form of 5-hydroxytryptophan may have an effect that is minimal, selective, and difficult to detect. The question of clinical usefulness is not settled."

INFECTIOUS DISORDERS

BACTERIAL MENINGITIS OUTCOME

The neurologic, psychological, and educational outcomes of bacterial meningitis in 130 children evaluated at a mean age of 8 years, and 6 years after their meningitis, are reported from the Department of Paediatrics and Clinical Epidemiology and Biostatistics Unit, University of Melbourne, and the Royal Children's Hospital, Victoria, Australia. Compared to controls, children with meningitis as a group were at greater risk (26.9%) for abnormal neurologic and audiologic sequelae, had lower IQs and neuropsychologic performance, and behavior and adaptive difficulties at school. Eleven (8.5%) had major deficits (IQ <70, seizures, hydrocephalus, spasticity, blindness, or severe to profound hearing loss); and 24 (18.5%) patients compared to 14 (10.8%) controls had minor deficits (IQ 70-80, inability to read, some hearing loss, speech problems, and behavior disorders). Those who suffered acute neurologic symptoms with the meningitis had a poorer outcome than those with uncomplicated meningitis or controls (39% vs 18% vs 11%). (Grimwood K, et al. Adverse outcomes of bacterial meningitis in school-age survivors. Pediatrics May 1995;95:646-656). (Reprints: Dr Keith Grimwood, Royal Children's Hospital, Parkville, Victoria 3052, Australia).

COMMENT. Even with optimal treatment, one in four children who recover from meningitis may have severe or functionally significant disabilities which affect academic performance. The poor outcome is not restricted to those having acute neurologic complications. All children recovering from meningitis should be followed carefully until school age to exclude learning, hearing, and neurologic disorders that may require treatment.

PERINATAL HIV ENCEPHALOPATHY

The characteristics and survival of 178 children with perinatally acquired human immunodeficiency virus (HIV) infection and encephalopathy are reported from the Centers for Disease Control and Prevention, Public Health Service, US Department of Health and Human Services, Atlanta, GA. Ten percent of HIV-infected children and 23% of children with AIDS had HIV encephalopathy that was diagnosed at a median age of 19 months. The estimated risk of HIV encephalopathy by age 1 year was 4%, and by age 4 years it was 14%. HIV encephalopathy correlated with an increased risk of cardiomyopathy, more hospitalizations, and with severe immunodeficiency. Estimated median survival after diagnosis was 22 months. (Lobato MN et al.