

for Rehabilitative Services, University of Arizona Health Sciences Center, Tucson, AZ. Seventeen (21%) had seizures during follow-up ranging from 1.3 to 16 years. Fourteen (17%) had epilepsy and 5 had seizures controlled by anticonvulsant drugs. CNS pathology in addition to the shunted hydrocephalus included encephalomalacia in 7, cerebral malformations in 2, and calcifications in 1. (Talwar D et al. Epilepsy in children with meningomyelocele. Pediatr Neurol July/August 1995;13:29-32). (Respond: Dr Talwar, Department of Pediatrics, University of Arizona Health Sciences Center, 1501 North Campbell Avenue, Tucson AZ 85724).

COMMENT. Although epilepsy in children with meningomyelocele occurs mainly in those with shunted hydrocephalus, structural cerebral abnormalities other than the shunt may be important causes.

INFECTIOUS DISORDERS

HERPESVIRUS-6 INFECTION AND FIRST FEBRILE SEIZURES

The association between acute human herpesvirus-6 (HHV-6) infection and first febrile convulsions was investigated prospectively in 42 children evaluated by virologic and serologic methods at the North Shore University Hospital-Cornell University Medical College, Manhasset, New York. Primary HHV-6 infection was documented by viral culture in 8 (19%), and fourfold rises in HHV-6 titer were present in 9 (26%) of 34 children whose blood was analyzed for acute and convalescent HHV-6 titers. The majority (10 of 11) HHV-6 cases were less than 24 months of age, and 3/11 had roseola. Viral isolation in CSF, attempted in 29, including 7 with evidence of HHV-6 illness, was negative. (Barone SR et al. Human herpesvirus-6 infection in children with first febrile seizures. J Pediatr July 1995;127:95-97). (Reprints: Stephen R Barone MD, North Shore University Hospital, 300 Community Drive, Manhasset, NY 11030).

COMMENT. Acute HHV-6 infection is a significant factor in the etiology of fever and convulsions in young children. Seizures associated with exanthem subitum and HHV-6 infection are not always simple in type, however. They are occasionally prolonged and complex and a manifestation of encephalitis or encephalopathy. See Progress in Pediatric Neurology II, 1994, Chicago, PNB Publishers, for a report and comment on HHV-6 infection, exanthem subitum, and encephalitis/encephalopathy. HHV-6 virus DNA was detected in the cerebrospinal fluid of 6 infants with exanthem subitum, 3 having a pleocytosis and elevated protein in the CSF. (Suga S et al. Ann Neurol 1993;33:597-603).

OPSOCLONUS-MYOCLONUS OUTCOME

The developmental outcome of 11 patients with opsoclonus-myooclonus, 8 having occult neuroblastoma, is reported from the Division of Pediatric Neurology, Children's Memorial Hospital, Chicago. Nine were treated with ACTH and 3 received prednisone. Symptoms recurred in 9 when ACTH was withdrawn. The response to prednisone was minimal. Symptoms were not improved by removal of a neuroblastoma. The median age at presentation was 17 months. Follow-up ranged from 12 to 115 months. Delayed development with motor incoordination and speech delay occurred in 8 children and 3 had behavioral problems. IQs ranged from 56 to 75 in 7 children and one had a