

CONGENITAL MALFORMATIONS

PERINEAL SENSATION PREDICTIVE OF SPINA BIFIDA OUTCOME

Neurologic examination, including perineal sensation, was conducted in a prospective cohort study of 117 consecutive patients with open spina bifida at St George's, University of London, and Addenbrooke's Hospital, Cambridge, UK. Backs were closed non-selectively at birth between 1963 and 1971. Data were recorded within 48 hrs of birth and during six reviews between 1972 and 2002. Thirty three (28%) had perineal sensation, defined as intact sensation to pinprick in at least one dermatome on one side in the saddle area (S2-4). At follow-up using medical records and the Office of National Statistics, by December 2005, 57% (67/117) of the cohort had died. The mean age of the 50 survivors (43% of the cohort) was 38 years (range 35-41). Of 33 with intact perineal sensation, 23 (70%) survived, whereas only 27 (32%) of 84 without perineal sensation were living at follow-up ($p<0.001$). Renal-related disease accounted for 19 of 57 deaths in those without perineal sensation; no renal-related deaths occurred in those with perineal sensation (19/84 vs 0/33, $p=0.003$). Among survivors, those with perineal sensation were more likely to be continent of urine and feces, able to walk at least 50 m, and never to have had pressure sores. (Oakeshott P, Hunt GM, Whitaker RH, Kerry S. Perineal sensation: an important predictor of long-term outcome in open spina bifida. *Arch Dis Child* Jan 2007;92:67-70). (Respond: Dr P Oakeshott, Community Health Sciences, St George's, University of London, London SW17 0RE, UK; E-mail: oakeshot@sgul.ac.uk).

COMMENT. The neurologic examination, specifically perineal sensation, in infants born with open spina bifida is a simple and practical method for prediction of long-term outcome. Infants with intact sensation in the saddle area were more likely to survive, to have normal renal function, to be continent of urine and feces, ambulant, and not have pressure sores. It is refreshing to read of studies based on the clinical acumen of the neurologist rather than invasive machines.

INFECTIOUS DISORDERS

FRONTAL LOBE MRI ABNORMALITIES IN HHV-6 ENCEPHALOPATHY

Magnetic resonance imaging and SPECT findings in 10 children with a diagnosis of human herpesvirus 6 (HHV-6) encephalopathy are reported from Jikei University School of Medicine, Tokyo; and Saitama Children's Medical Center, Japan. T1 and T2-weighted MR imaging showed no abnormalities, but diffusion-weighted imaging showed abnormal hyperintensity in the subcortical white matter of the frontal lobes in 6 patients tested during the acute phase. Cerebral blood flow single-photon emission CT revealed decreased perfusion in the frontal lobes of all 9 tested. These findings with localization to the frontal lobes may be specific for HHV-6 encephalopathy. (Yoshinari S, Hamano S, Minamitani M, Tanaka M, Eto Y. Human herpesvirus 6 encephalopathy predominantly affecting frontal