POST-INFECTIOUS CNS DISORDERS

PSEUDOTUMOR CEREBRI COMPLICATING MEASLES

A novel case of pseudotumor cerebri (PTC) that presented in an 8-year-old girl 3 weeks after measles is reported from Ondokuz Mayis University, Samsun, Turkey. She was admitted with severe headache, vomiting, retroorbital pain and photophobia. Examination revealed normal temperature and mental orientation, and no meningeal irritation. Visual acuity was 20/20, visual fields were full, and funduscopic examination showed bilateral papilledema with tortuous vessels. EEG, MRI and cranial CT performed 7 days after hospitalization were normal, and MR venography performed 27 days later showed no signs of sinus vein thrombosis. CSF opening pressure on lumbar puncture was 30 cm H2O. Laboratory studies were negative except for elevated serum varicella immunoglobulin G (243 AU) and measles immunoglobulin M (183 AU) titers. Following treatment with prednisolone, mannitol, acetazolamide and furosemid, headache improved in 5 days, and in 14 days, the patient was symptom free, with normal CSF pressure (6-12 cm H2O). Withdrawal of prednisolone and reduction in acetazolamide were followed by relapse and temporary renewal of therapy. A repeat lumbar puncture 2 months later revealed a CSF pressure of 12 cm H2O, and funduscopic examination was normal. A post measles autoimmune-mediated vasculitis is postulated as the cause of PTC in this child. (Tasdemir HA, Dilber C, Totan M, Onder A. Pseudotumor cerebri complicating measles: A case report and literature review. **Brain Dev** July 2006;28:395-397). (Respond: C Dilber, e-mail: cengizd@omu.edu.tr).

COMMENT. Reports of infectious or post-infectious disorders associated with pseudotumor cerebri (PTC) have included sinusitis, otitis media, mastoiditis, HIV, Lyme disease, SSPE (Tan H et al. **J Child Neurol** 2004;19:627-629), and varicella (Konrad D et al. **Eur J Pediatr** 1998;157:904-906). PTC was initially considered in a case of zoster-associated intracranial hypertension in a 14-year-old female who presented with headache, vomiting, rash and papilledema (Millichap JJ, Freeman JL. **Pediatr Neurol** 2005;32:211-212). Despite the absence of fever or meningism and the child's high body mass index in keeping with PTC, the finding of CSF pleocytosis and elevated protein was inconsistent with the diagnosis, and varicella-zoster virus reactivation was invoked as the cause. Given the elevated serum varicella immunoglobulin G, a measles-induced reactivation of varicella virus in the present case might have been considered by repeat serology during convalescence (For reference to viral reactivation by concurrent infection, see Suga S et al. **J Med Virol** 1992;38:278-282; and Hall CB, Epstein LG, et al. **N Engl J Med** 1994;331:432-438).

VARICELLA AND STROKE

Four cases of cerebrovascular disease following varicella infection are reported from the Giannina Gaslini Children's Hospital and Research Institute, Genoa, Italy. All were male, and ages ranged from 6 months to 6 years. Primary varicella zoster viral (VZV) infection was confirmed by detection of specific IgM antibodies. None was immunocompromised. Three