

and radiotherapy resulted in significant resolution of the tumor on MRI, but the patient died of overwhelming bacterial sepsis. (Bassuk AG, Keating GF, Stumpf DA et al. Systemic lymphoma mimicking acute disseminated encephalomyelitis. **Pediatr Neurol** 2004;30:129-131.) (Respond: Dr Bassuk, Children's Memorial Hospital, Division of Neurology, Box #52, 2300 Children's Plaza, Chicago, IL 60614).

COMMENT. The diagnosis of lymphoma should be considered in cases of ADEM that recur, deteriorate, or are accompanied by lymphadenopathy, halo nevi, elevated neopterin, lymphopenia, and elevated lactate dehydrogenase. The initial presentation in this case was typical for acute disseminated encephalomyelitis. The dramatic neurologic decline was unlike an ADEM recurrence, and the lymphadenopathy and laboratory findings led to the final diagnosis of occult systemic T-cell lymphoma.

Cognitive outcome after treatment for primary CNS lymphoma is evaluated in a cohort of 19 patients who were in complete remission after treatment with IV and intrathecal methotrexate followed by whole brain radiotherapy. (Harder H, Holtel H, Bromberg JEC et al. **Neurology** February 24, 2004;62:544-547). Cognition was impaired in 12 (63%) patients despite a complete tumor response, and the degree of impairment correlated with age. White matter abnormalities and cortical atrophy occurred in 14, and cortical atrophy correlated with cognitive functioning and age. The neurocognitive decline is multifactorial, including the disease itself, age-related comorbidity, and the toxicity of treatment (O'Neill BP. Editorial. **Neurology** 2004;62:532-533). The tumor infiltrates beyond the margins of the tumor bulk and may resemble encephalitis. The median age at diagnosis is 60 years, and many patients have other pathology. The risk of neurotoxicity with treatment increases with patient age, and chemotherapy and radiation have a synergistic toxic effect, especially when radiation precedes chemotherapy.

INFECTIOUS DISORDERS

BRAINSTEM ENCEPHALITIS AND ADEM FOLLOWING MUMPS

Clinical manifestations of brainstem encephalitis (BSE) with fever, decreased level of consciousness, and left facial and abducens paralysis developed 1 week after bilateral parotitis and mumps in a 4 year-old female child and were followed by symptoms of acute disseminated encephalomyelitis (ADEM) within 20 days of recovery from BSE. Recovery from ADEM followed treatment with glucocorticoids and IV immunoglobulin within 2 months. (Sonmez FM, Odemis E, Ahmetoglu A, Ayvaz A. Brainstem encephalitis and acute disseminated encephalomyelitis following mumps. **Pediatr Neurol** 2004;30:132-134). (Respond: Dr Sonmez, Karadeniz Technical University, Child Neurology, 61080 Trabzon, Turkey).

Bell's palsy following use of inactivated intranasal influenza vaccine in adults is reported from Switzerland (Mutsch M et al. **N Engl J Med** 26 February 2004;350:896-903). The nasal vaccine is no longer in use. In a case-control study of 250 patients with Bell's palsy and 722 controls, 68 patients with Bell's palsy (27.2%) and 8 controls (1.1%) had received the vaccine ($P < 0.001$). The risk was 19 times that in controls.