The cause of the headache is uncertain, but probably related to the tonsillar herniation. Intermittent obstructive hydrocephalus, with increased intracranial pressure, irritation of meninges at the foramen magnum, compression of upper cervical roots, and involvement of the descending nucleus of the trigeminal nerve are some of the possible causes of pain with Chiari-I malformation. (Van den Bergh R, Van Calenbergh F. Headache and headache-attacks in the Chiari-I malformation and in syringomyelia. Headache Quarterly 1997;8:15-21). (Reprints: Prof Dr Raymond Van den Bergh, Heidebergstraat 248 a B-3010 Leuven, Belgium).

COMMENT. A herniation of 5 mm is considered pathological and 3-5 mm is borderline. Minimal degrees of tonsillar herniation discovered by MRI in children with migraine type headaches is of concern and requires follow-up. Chiari-I headache may present at puberty or during first pregnancies. Hormonal changes may accentuate the tonsillar herniation and precipitate symptoms. (Progress in Pediatric Neurology II, PNB Publ, 1994;pp158-9).

INTRACRANIAL HYPERTENSION

PSEUDOTUMOR CEREBRI AFTER L-THYROXINE THERAPY

Pseudotumor cerebri in an infant treated with L-thyroxine for transient neonatal hypothyroidism is reported from the Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY. The mother had Graves disease, treated with radioiodine ablation and thyroxine replacement. At 25 hours of life the baby was jittery and had tachycardia and respiratory distress. Thyroid function tests revealed thyrotoxicosis. Treatment with propylthiouracil was followed within 48 hours by clinical improvement, but after 3 weeks she became hypothyroid, possibly as a result of placental transfer of maternal thyroid-stimulating hormone receptor-blocking antibodies. After treatment with L-thyroxine, 10-15 mcg/kg, at age 5 months she developed split sutures, a bulging fontanel, and a rapid increase in head circumference. The CT and normal CSF and electrolyte studies were compatible with pseudotumor cerebri. She recovered spontaneously with no change in the therapy. The thyroxine was discontinued at 1 year without relapse, and thyroid function, growth, head circumference, and motor development were normal. (Raghavan S, DiMartino-Nardi J, Saenger P, Linder B. Pseudotumor cerebri in an infant after L-thyroxine therapy for transient neonatal hypothyroidism. J Pediatr March 1997;130:478-480). (Reprints: Barbara Linder, MD, PhD, Division of Pediatric Endocrinology, Montefiore Medical Center, 111 East 210th Street, Bronx, NY 10467).

COMMENT. Previous reports of pseudotumor cerebri during the initiation of L-thyroxine therapy have involved children entering puberty, and hormonal mechanisms have been invoked. Apparently, this complication may also occur in infants and may require a slight modification of the dose of thyroxine.

INTRACRANIAL HYPERTENSION AND CEREBRAL MALARIA

Intracranial pressure (ICP) was monitored and cerebral perfusion pressure (CPP) calculated in 23 African children suffering from cerebral malaria and treated at the Kenya Medical Research Institute, Clinical Research Center, Kilifi, Kenya. Of 4 children with severe intracranial hypertension (ICP