

side effect witnessed by the author. Further controlled trials are indicated. (Masters KJ. Alternative medication for ADHD. Letter to editor. J Am Acad Child Adolesc Psychiatry March 1997;36:301).

## VASCULAR DISORDERS

### **IRON DEFICIENCY AND STROKE**

A series of six iron deficient children, 6 to 18 months of age, presenting with an ischemic stroke or venous thrombosis after a viral syndrome, are reported from the University of Saskatchewan, and the Children's Hospital of Eastern Ontario, Canada. Other known etiologies for stroke were excluded. Iron deficiency, in association with a nonspecific viral illness, was a contributing factor and not a coincidental finding. (Hartfield DS, Lowry NJ, Keene DL, Yager JY. Iron deficiency: a cause of stroke in infants and children. Pediatr Neurol Jan 1997;16:50-53). (Respond: Dr Yager, Room 3717, F Wing, Department of Pediatrics, Royal University Hospital, 103 Hospital Drive, Saskatoon, Saskatchewan, Canada S7N 0W8).

COMMENT. Iron deficiency anemia in infancy and early childhood can be a contributing factor in the etiology of stroke. Iron deficiency has also been related to other neurological illness, including breath holding spells, headache, pseudotumor, diplopia, and cranial nerve palsies. (see Progress in Pediatric Neurology J, PNB Publ, Chicago, 1991;pp397-398).

## INFECTIOUS DISORDERS

### **TREATMENT OF RAMSAY HUNT SYNDROME**

The effect of acyclovir-prednisone treatment in 80 patients with Ramsay Hunt syndrome was analyzed retrospectively at the Department of Otolaryngology, Ehime University School of Medicine, Ehime, Japan. Ages ranged from 15 to 75 years. All presented with facial paralysis and herpetic eruption on the pinna or oral mucosa, and 22 had associated hearing loss. Treatment with acyclovir, 250 mg tid by intravenous drip or 800 mg 5x daily orally, and prednisone, 1 mg/kg day iv or orally, was started 1 to 10 days after onset of facial paralysis. Recovery from paralysis was complete in 21 (75%) of 28 patients treated within 3 days of onset, and in only 7 (30%) of 23 whose treatment was delayed more than 7 days. Nerve excitability testing showed that nerve degeneration was reduced by early administration of acyclovir-prednisone therapy. Recovery of hearing was better in patients treated early. In facial nerve recovery and outcome, intravenous administration of acyclovir was not superior to oral treatment. (Murakami S, Hato N, Horiuchi J et al. Treatment of Ramsay Hunt syndrome with acyclovir-prednisone: significance of early diagnosis and treatment. Ann Neurol March 1997;41:353-357). (Respond: Dr Murakami, Department of Otolaryngology, Ehime University School of Medicine, Shigenobu-cho, Onsen-gun, Ehime 791-02, Japan).

COMMENT. Ramsay Hunt syndrome manifested by facial pain and nerve paralysis, herpetic eruption on the pinna, and frequent vestibulocochlear involvement, is caused by varicella-zoster virus infection. Early administration of acyclovir and prednisone, within the first 3 days of onset, results in 75% rate of facial nerve recovery and less likelihood of residual nerve deafness. Absence of herpetic eruption in 8 to 25% of cases leads to misdiagnosis as Bell's palsy and poorer prognosis because acyclovir treatment