

slow dysarthric speech after 15 months; word finding unimpaired; Case 2, aphasic mutism, post head injury coma and contusion of left hemisphere, right flaccid hemiparesis, mobility improved in 6 weeks, but aphasia persisted; Case 3, cortical deafness, post head trauma neglect for verbal and nonverbal auditory stimuli, recovery of awareness of language and sounds after 5 weeks, but unaware of meanings (auditory agnosia), responded to written words, complete recovery with normal language comprehension after 11 weeks; Case 4, posterior fossa mutism, post craniotomy and removal of medulloblastoma, recovery of speech after 5 weeks. (van Mourik M, van Dongen HR, Catsman-Berrevoets CE. The many faces of acquired neurologic mutism in childhood. Pediatr Neurol Nov 1996;15:352-357). (Respond: Dr van Mourik, Department of Medical Psychology, Ziekenhuis Walcheren, Postbus 3200, 4380 DD Vlissingen, The Netherlands).

COMMENT. The various etiologies of acquired mutism may be differentiated by a battery of neuropsychological tests for phonation, orofacial movements, communication, and linguistic functions. In addition to the neurologic examination and neuroimaging, an EEG should distinguish Landau-Kleffner syndrome, a further example of mutism in some cases.

COMMUNICATION DEVELOPMENT IN RETT SYNDROME

The development of linguistic communication in 17 children with Rett syndrome was investigated by a parent questionnaire based on the Clinical Linguistic Auditory Milestone Scale in a study at the Department of Speech Pathology and Audiology, University of Alberta, Edmonton, Canada. From birth to 24 months, no child exceeded the stage of single word utterances, with a maximum of 4-6 single words, such as mama/dada. This milestone represents the transition from babbling to real words, normally occurring before the end of the first year. Gesture milestones involving pointing or showing and the beginning of communication were largely absent. Onset of regression had occurred for 14 of the 17 children. Sixteen children exhibited hand movement symptoms, generally during the second year of life. (Tams-Little S, Holdgrafer G. Early communication development in children with Rett syndrome. Brain Dev Sept/Oct 1996;18:376-378). (Respond: Fax: (1) (403) 492-1626).

COMMENT. These findings contradict the observation that communication development in Rett syndrome before one year is essentially normal. Children with Rett syndrome may develop language to the mama/dada and other single word stage, but limited intentional gestural communication and lack of finger pointing is a potential early predictor of Rett syndrome.

Pervasive developmental disorders as a further cause of deficits in language and communication skills are reviewed from the Department of Neurology, Miami Children's Hospital, FL. (Tuchman R. Pervasive developmental disorder. Neurological perspective. Acta Neuropediatr 1996;2:82-93). Of 421 children with PDD, referred because of language and behavioral disorders, 11% had chromosomal disorders, genetic syndromes, and familial occurrence. Motor deficits occurred in 18%, sleep problems in 20%, stereotypies in 71%, and regression of language in 28%. Abnormal EEGs were found in 29%, epilepsy in 13%, and MRI abnormalities in 19%. No patients in this study had classical Rett syndrome; 5% of girls had a "forme fruste" of Rett syndrome. Since the diagnosis of Rett syndrome is based on clinical criteria, girls presenting with autism should always be considered for possible Rett syndrome.