

evaluation. Treatment with ACTH in 65% of patients had been discontinued for a mean of 27 months before collection of CSF. The etiology was paraneoplastic (46%) or infectious. EEGs were not epileptiform. Concentrations of 5-HIAA and HVA were 30-40% lower in patients compared to controls. Biochemical heterogeneity was evident since low CSF levels of 5-HIAA were not found in all patients with opsoclonus. Lowest values were present in younger patients < 4 years of age, when control values were at their highest, suggesting an impairment of ontogenesis of central serotonergic systems. (Pranzatelli MR et al. Cerebrospinal fluid 5-hydroxyindoleacetic acid and homovanillic acid in the pediatric opsoclonus-myoclonus syndrome. Ann Neurol Feb 1995;37:189-197). (Respond: Dr Pranzatelli, National Pediatric Myoclonus Center, Children's Research Institute, 111 Michigan Avenue, NW, Washington, DC 20010).

COMMENT. Opsoclonus and myoclonus have been induced by various neurotransmitters and chemicals that alter serotonergic or noradrenergic mechanisms, eg. tricyclic antidepressants, and the chlorinated insecticides, chlordecone and DDT. Low CSF 5-HIAA levels have also been reported in patients with progressive myoclonus epilepsy of the Unverricht-Lundborg type, and other myoclonic disorders.

LEARNING AND BEHAVIOR DISORDERS

AUDITORY EVOKED POTENTIALS IN ADD

Brainstem auditory evoked potentials (BAEPs) were performed on 114 children with attention deficit disorder (ADD) referred to the Assaf Harofeh Medical Center, and Sackler Faculty of Medicine, Tel Aviv University, Israel. The latencies of waves III and V and brainstem transmission time interval of waves I-III and I-V were longer in the study group compared to controls. Recordings of the latencies performed for each ear separately showed asymmetries of wave III in children with ADD. The results point to brainstem dysfunction in ADD. (Lahat E et al. BAEP studies in children with attention deficit disorder. Dev Med Child Neurol Feb 1995;37:119-123). (Respond: Dr Eli Lahat, Child Neurology Unit, Assaf Harofeh Medical Center, Zerifin 70300, Israel).

COMMENT. BAEP performed in children with ADD/ADHD during inactivity shows abnormalities and asymmetries that may be used as an objective diagnostic test for ADD. Previous studies have demonstrated the value of BAEP in the differentiation of subgroups of hyperactive children, non-delinquent versus delinquent types. (Satterfield JH et al. 1987; see Progress in Pediatric Neurology I, 1991, pp159-160).

ADHD IN ADOLESCENT MANIA. An association between adolescent mania and ADHD is reported from the Department of Psychiatry, University of Cincinnati College of Medicine. (West SA et al. Am J Psychiatry Feb 1995;152:271-273). Of 14 adolescent bipolar patients who were admitted to hospital for the treatment of acute mania or hypomania, 8(57%) also met the DSM-III-R criteria for ADHD. Patients with ADHD had a higher mean total score on the Young Mania Rating Scale than patients with bipolar disorder alone. This finding may have important implications regarding pharmacological therapy.