

Neuropediatr June 1994;1:59-64). Chorea resolved after 15 days haloperidol therapy, and no further ischemic episodes had occurred in 16 months during treatment with nicardipine. The authors cite two previous reports of moyamoya and chorea.

MYASTHENIA GRAVIS

JUVENILE MYASTHENIA AND PUBERTY

The influence of race, sex, and puberty on incidence, severity, and outcome of juvenile myasthenia gravis beginning before age 20 years was evaluated in 115 patients seen at the University of Virginia, Duke University, and University of North Carolina at Chapel Hill. White patients with prepubertal disease onset had an equal sex ratio, and female predominance increased during and after puberty. Males had less severe disease than females. Black patients showed a constant F:M ratio of 2:1 in all pubertal-onset groups. Spontaneous remissions only occurred in white patients with prepubertal onset; and persistent symptoms for more than 10 years were least frequent in this group. Early thymectomy in white patients was followed by more remissions and milder symptoms than late thymectomy. Black patients had infrequent remissions, and similar disease severity after early or late thymectomy. (Andrews PI et al. Race, sex, and puberty influence onset, severity, and outcome in juvenile myasthenia gravis. Neurology July 1994;44:1208-1214). (Reprints: Dr P Ian Andrews, Division of Pediatric Neurology, Box 3533, Duke University Medical Center, Durham, NC 27710).

COMMENT. This study documents the importance of race, sex, and puberty on the incidence, severity, response to thymectomy, and outcome in juvenile myasthenia gravis. Thymectomy was most effective in white patients when performed within 1 year of peripubertal disease onset. See Progress in Pediatric Neurology II, Chicago, PNB Publ, August 1994, for further reports of juvenile myasthenia gravis from the University of Iowa, a multicenter study in Italy, and from the Mass General Hospital, Boston.

TOXIC DISORDERS

LEAD EXPOSURE: INAPPROPRIATE SCREENING PRACTICES?

Physician screening practices at a hospital-based, university-affiliated pediatric primary care center serving an urban high-risk population in Rochester, NY were evaluated to determine the feasibility of the 1991 Centers for Disease Control guidelines. Among 632 children aged 9 to 25 months who attended the center between 1989 and 1991, screening was deficient in 55%, 34%, and 29% at ages 9-13 months, 14-19 months, and 20-25 months, respectively. Many high-risk children living in houses built before 1950, including those making well-child visits, were not appropriately screened for lead toxic effects, and opportunities for testing were frequently missed. (Campbell JR, McConnochie KM, Weitzman M. Lead screening among high-risk urban children. Are the 1991 Centers for Disease Control and Prevention Guidelines feasible? Arch Pediatr Adolesc Med July 1994;148:688-693). (Reprints: Dr Campbell, Department of Pediatrics, Rochester General Hospital, 1425 Portland Ave, Rochester, NY 14621).