Public Lead Awareness and Responsibility.

Since current compliance with CDC recommended guidelines for blood lead screening is not universally appropriate, an increased public and parent awareness of the hazards and the symptoms and signs of lead poisoning, especially in children, should be encouraged. (Millichap JG. Environmental Poisons in Our Food. Chicago, PNB Publ, 1993).

DIAZINON EXPOSURE AND INFANTILE HYPERTONIA

A 12-week-old infant girl who developed persistent hypertonicity 5 weeks following exposure to the organophosphate insecticide diazinon (Knox-Out 2FM) in the home is reported from Oregon State University, Corvallis, OR. The infant's urine contained alkylphosphate metabolites of diazinon (60 ppb diethylphosphate and 20 ppb diethylthiophosphate). Serum cholinesterase was normal. Diazinon levels in the home (floor, vacuum cleaner dust, and air) were excessive even at 6 months after application. Six weeks after evacuating the home, the infant's muscle tone returned to normal, ankle clonus had resolved, and subsequent development was normal. (Wagner SL, Orwick DL. Chronic organophosphate exposure associated with transient hypertonia in an infant. Pediatrics July 1994;94:94-97). (Reprints: Dr Sheldon L Wagner, Agricultural Chemistry, Oregon State University, Agricultural & Life Sciences 1007, Corvalllis, OR 97331).

> COMMENT. None of the typical muscarinic or nicotinic symptoms of organophosphate intoxication was present in this infant. Organophosphates can cause a delayed neurobehavioral toxicity, characterized by neuritis, paralysis, and psychological changes, the result of degeneration of myelin and nerve axons and effects on neurotransmitters. A relationship between Parkinson's disease and exposure to pesticide chemicals has been demonstrated in agricultural workers. Children presenting with unexplained neurobehavioral symptoms should be investigated for possible exposure to insecticide environmental toxins.

MOVEMENT DISORDERS

HEMIFACIAL SPASMS AND CEREBELLAR ANGLE TUMORS

Two children, aged 3 years, with hemisomatic spasms caused by tumors in the ipsilateral cerebellopontine angle are reported from the Division of Pediatric Neurology and Department of Neurology, University of Texas Southwestern Medical Center, Dallas, TX. Patient 1 had persistent hemifacial spasms with onset soon after birth; some were complicated by flexion of the arm and extension of the leg. An initial diagnosis of partial seizures was not confirmed by video-EEG monitor, and anticonvulsants were of no benefit. CT and ultrasound were normal, but MRI revealed a C-P angle tumor. Following partial resection of a low-grade ganglioneuroma, the spasms were less severe. Patient 2 developed left sided jerks at 2 years of age, turning of the head to the right, and flexion of left elbow and hip, without loss of consciousness. Movements were worse while speaking or watching television. The EEG was normal and carbamazepine without benefit. MRI uncovered a left sided angle tumor, and spasms ceased after partial resection of a ganglioneuroma. (Al-Shahwan SA, Roach ES et al. Hemisomatic spasms in children. Neurology July