

Age-related changes in the brains of patients with Down's syndrome measured by MRI analyses are reported from the University of California, Irvine. (Kesslak JP et al. Neurology June 1994;44:1039-1045). A significantly larger parahippocampal gyrus, and smaller hippocampus and neocortex, are reported relative to age-matched controls.

The changing conception of mental retardation and the implications of the new 1992 American Association on Mental Retardation's (AAMR) definition and classification are outlined by psychologists, psychiatrists, pediatricians, pediatric neurologists, and educators. (Schalock RL et al. Mental Retardation June 1994;32:181-193). The 1992 System shifts the diagnostic effort from estimating the level of an individual's deficiency (mild, moderate, severe) to the intensities of needed supports (intermittent, limited, extensive, pervasive). Professional/clinical judgement is emphasized in assessments, and the terms educable and trainable are considered inappropriate. Special education services and supports are based on functioning level rather than IQ-derived levels of retardation. An etiological classification of biological or psychosocial categories is modified and expanded to a multifactorial approach which includes intergenerational and environmental factors. Research studies based on the new paradigm will emphasize environments and supports, quality of life, and a greater precision in definition.

NEUROMUSCULAR DISORDERS

MEDIAN MONONEUROPATHIES

The clinical and electromyographic characteristics of median mononeuropathy in 17 children, 6 girls and 11 boys, aged 5-17 years, are reported from the Departments of Neurology, Children's Hospital, Boston and the Lahey Clinic, Burlington, MA. EMG showed a lesion at the wrist in 7 children, including 3 with idiopathic carpal tunnel syndrome (CTS), 1 related to skiing. Proximal lesions were identified in 10 (59%), including 8 with trauma. Five had bilateral disease, 3 with CTS. Nontraumatic cases (7) presented with intermittent numbness characteristic of CTS, pain and weakness, and painless weakness and atrophy of the thenar eminence. Mucopolipidosis III, scleroderma, cutaneous mucinosis, and osteoid osteoma at the elbow were etiological factors in 4. Symptoms improved in 4 patients. Traumatic cases (10) occurred mainly in boys (8). Five were secondary to an elbow injury and 2 to more distal fractures. A laceration was responsible in 2. Complete recovery occurred in 2 with nerve compression. The results of surgery were variable; of 5 who had surgical decompression for nerve entrapment 3 improved initially. (Deymeer F, Jones HR Jr. Pediatric median mononeuropathies: a clinical and electromyographic study. Muscle & Nerve July 1994;17:755-762). (Reprints: H. Royden Jones Jr, MD, Department of Neurology, Lahey CVlinic, 41 Mall Road, Burlington, MA 01805).

COMMENT. Carpal tunnel syndrome is more common in adults than children. A small thenar eminence in a child may be secondary to congenital thenar hypoplasia or congenital constriction bands.