COMMENT. In infants and young children with brain tumors and few signs or subjective complaints, the knee-chest posture might be helpful in the clinical suspicion and diagnosis of increased intracranial pressure. This posture is also assumed by children with cyanotic heart disease and is a characteristic sign of acrodynia.

DEGENERATIVE DISEASES

FOCAL TUMOR-LIKE DEMYELINATING LESIONS

Thirty-one patients with large, focal cerebral demyelinating lesions are reported from the University of Kansas School of Medicine, Kansas City. The lesions presented clinically and radiologically as brain tumors or as multiple cysts. The demyelinating pathology was established through biopsy and a significant improvement with corticosteroid therapy. Four patients were children, ages 8 - 12 years, and one was an adolescent, aged 18. One young adult had received an influenza vaccine 10 days before the onset of symptoms. The clinical course favored postinfectious/postvaccination encephalitis, but the tumor-sized masses of demyelination were atypical. (Kepes JJ. Large focal tumor-like demyelinating lesions of the brain: intermediate entity between multiple sclerosis and acute disseminated encephalomyelitis? A study of 31 patients. Ann Neurol Jan 1993; 33: 18-27). (Correspondence: Dr Kepes, Department of Pathology and Oncology, University of Kansas College of Health Sciences and Hospital, 39th and Rainbow Blvd, Kansas City, KS 66103).

COMMENT. The author rules out Schilder's disease, a progressive childhood diffuse sclerosis, which often presents with asymmetrical, large focal hemispheric lesions and smaller lesions, sometimes difficult to differentiate from multiple sclerosis. (See Greenfield's Neuropathology, Baltimore, Williams and Wilkins, 1963). Many reported cases of Schilder's disease are now thought to represent either adrenoleukodystrophy or acute forms of multiple sclerosis (Menkes JH. Textbook of Child Neurology. 3rd ed. Philadelphia, Lea & Febiger, 1985).

MRI IN INFANTILE NEUROAXONAL DYSTROPHY

The MRI findings in four children aged 3 to 10 years with infantile neuroaxonal dystrophy are reported from the Chiba Children's Hospital, Japan. T_2 - weighted images showed bilateral diffuse hyperintensity of the cerebellar cortex and cerebellar atrophy. Autopsy changes in one patient included cerebellar atrophy, ventricular dilatation, spheroids in the gray matter, loss of neurons, axonal swellings, and extensive astrogliosis. (Tanabe Y et al. The use of magnetic resonance imaging in diagnosing infantile neuroaxonal dystrophy. Neurology Jan 1993; 43: 110-113). (Reprints: Dr Y Tanabe, Division of Neurology, Chiba Children's Hospital, 579-1 Heta-cho, Midori-ku, Chiba 266, Japan).