Arch Neurol July 1993; 50: 695-700). (Reprints: Dr Frederick Andermann, Montreal Neurological Hosp and Institute, 3801 University St, Montreal, Quebec, Canada H3A 2B4).

COMMENT. Neuronal migration disorder as a cause of focal motor status epilepticus or epilepsia partialis continua in a child may not be excluded by the MRI and may require surgical intervention for diagnosis and treatment.

## VASCULAR DISORDERS

### MOYAMOYA DISEASE AND HEMIPLEGIC MIGRAINE

A 6-year-old girl presenting with a 6-month history of classical familial migraine, complicated by transitory hemiparesis and moyamoya disease diagnosed by MRI, is reported from the Kaiser Permanente Medical Center, Hayward, CA. Headaches occurred each week and were associated with nausea, vomiting, and photophobia. She awoke on 3 occasions with right-sided weakness, numbness, and garbled speech. All symptoms resolved after two hours of sleep. Neurologic exam was normal between attacks. MRI showed bilateral occlusion of the carotid arteries and increased vascularity of collateral vessels in the basal ganglia, consistent with moyamoya. (Bernstein AL. Hemiplegic migraine and moyamoya disease. AJDC July 1993; 147: 718-719). (Dr Bernstein, Dept of Neurology, Kaiser Permanente Medical Center, 27400 Hesperian Blvd, Hayward, CA 94545).

COMMENT. Children with a diagnosis of hemiplegic migraine may have a vascular malformation or moyamoya disease as the underlying pathology. The clinical course depends on the rapidity and extent of vascular occlusion and the ability to develop a collateral circulation. Early diagnosis and surgical revascularization have been advocated because of the risk of permanent neurologic deficits. (See Ped Neur Briefs July 1987, and Progress in Pediatric Neurology, Chicago, PNB Publ, 1991, pp389-391).

## ENDOCRINE DISORDERS

### ADRENAL, ALACRIMAL, ACHALASIA SYNDROME

The results of a British and European Paediatric Endocrinology Society, multicenter collaborative, questionnnaire study of the neurological complications of familial glucocorticoid deficiency syndrome are reported from the Hospital for Sick Children, Great Ormond Street, London. Of 20 patients identified, ages 2 to 29 years, all had impaired cortisol secretion, 19 absent tear secretion, 15 achalasia of the cardia, and 17 had neurologic abnormalities including hyperreflexia, hypertonia, Babinski signs, muscle