

Fowler KB and colleagues at the University of Alabama, Birmingham, AL, compared the outcomes of CMV-infected infants born to mothers who acquired primary CMV during pregnancy (primary-infection group) with those born to mothers with immunity (recurrent-infection group). Infants in the primary-infection group had symptomatic CMV infection at birth in 18%, sequelae in 25% including sensorineural hearing loss in 15%, and mental impairment in 13%. Infants born to mothers with recurrent infection and having antibody to CMV before conception had no symptoms at birth, sequelae in only 8%, and none became mentally impaired at early childhood follow-up. The presence of maternal antibody to CMV before conception provides protection against sequelae to congenital CMV in the newborn. (N Engl J Med March 5, 1992; 326:663-7).

CMV was the most common viral infection complication in 100 children who underwent liver transplantation at Addenbrooke's Hospital, Cambridge, England. Of 23 infected, 13 had primary infections and one died of encephalitis. Of 9 receiving ganciclovir, 8 recovered fully. (Salt A, Barnes ND et al. BMJ Feb 15, 1992; 304:416-421.

HUMAN HERPESVIRUS-6 AND ROSEOLA INFANTUM MENINGITIS

Two infants with roseola infantum and meningitis caused by human herpesvirus-6 infection are reported from the Department of Pediatrics, College of Medicine, National Taiwan University, Taipei, Taiwan. A 7 month old girl presented with fever, bulging anterior fontanelle and mild hepatomegaly. Lumbar puncture showed 18 mononuclear and 2 polymorphonuclear cells/mm³ and CSF protein of 0.35 g/l and glucose 3.05 mmol/l. The first serum on the 4th day of the illness was positive for IgM anti-HHV-6 (titre 1:10), and the second serum taken 11 days later was positive for both IgG and IgM anti-HHV-6 (1:160 and 1:80 respectively). A maculopapular rash appeared on the face, scalp and neck on the 4th day of illness. Case 2. A 4 month old boy presented with cough and high fever and 4 episodes of generalized seizures in the next 2 days. CSF examination on the third day revealed 8 polymorphonuclear cells and 1 mononuclear cell/mm³. CSF protein and glucose were normal. A blood smear revealed lymphocytosis. Liver function tests were abnormal. A rash appeared on the 4th day and fever subsided. The first serum was negative for both IgG and IgM anti-HHV-6 and the second serum taken 12 days later was positive for both (1:160 and 1:40 respectively). The boy recovered without sequela (Huang Li-Min et al. Meningitis caused by human herpesvirus-6. Arch Dis Child; Dec 1991; 66:1443-1444). (Reprints: Dr. Li-Min Huang, Laboratory of Molecular Microbiology, 9000 Rockville Pike, Building 4, Room 306, NIAID, National Institutes of Health, Bethesda, MD 20892.)

COMMENT. The illnesses linked to human herpesvirus-6 infection have included roseola infantum, hepatitis, lymphadenitis and mononucleosis. Roseola infantum is the infectious fever most commonly associated with febrile convulsions. In a review of the

literature over 3 decades (1934-64) of 3,168 patients reported in 13 publications, roseola infantum was the cause of febrile convulsions in 4% (range 0.6 - 7.6%). The average incidence of convulsions among 581 patients with roseola infantum reported in 11 publications was 22%. The evidence for an encephalitic process such as CSF pleocytosis was lacking except for a rare case and the height of the body temperature that usually accompanies roseola infantum was considered sufficient to explain the frequent complication of convulsions (Millichap JG, Febrile Convulsions, 1968, Macmillan, New York). The present report of HHV-6 infection associated with roseola infantum supports the theory of an encephalitic illness in the etiology of the seizure. Inclusion of roseola infantum as a cause of simple febrile seizures must be reevaluated in the light of this report.

HERPES SIMPLEX VIRUS ENCEPHALITIS

The difficulties in diagnosis in 6 children aged 13 days to 9 years with herpes simplex encephalitis (HSE) are stressed in a report from the Departments of Child Health and Pathology, University Hospital of Wales, Cardiff. The original diagnoses in 3 cases were post-traumatic epilepsy, bacterial meningitis and febrile convulsion. Fever was absent in 2 cases and the CT was normal in 2. All cases had abnormal EEG findings with encephalitic changes in 5. Brain biopsy was diagnostic in 2. The outcome was poor in all 6. The authors stress that the absence of fever at presentation and a normal CT scan should not discourage the use of acyclovir for children presenting with focal seizures and altered consciousness (Cameron PD et al. Herpes simplex virus encephalitis: problems in diagnosis. Dev Med Child Neurol Feb 1992; 34:134-140). (Correspondence: S.J. Wallace, Department of Child Health, University Hospital of Wales, Heath Park, Cardiff CF4 4XW, Wales.)

COMMENT. Mikati MA and colleagues at the Children's Hospital and Massachusetts General Hospital, Boston have shown that the EEG is a sensitive test that may be superior to radiologic procedures in the early diagnosis of neonatal herpes simplex encephalitis. The multifocal periodic pattern in the presence of CSF pleocytosis is highly suggestive of the diagnosis. The CT and ultrasound studies may be normal when the EEG is abnormal during the first few days of the infection. An MRI with T2 weighted images may be more revealing than the CT and will show multiple small disseminated lesions (see **Progress in Pediatric Neurology**, 1991, p. 423, PNB Publishers).

PRE-ERUPTIVE VARICELLA ENCEPHALITIS AND CEREBELLAR ATAXIA

A 2 year old boy who developed varicella encephalitis with cerebellar ataxia 16 days before the appearance of the exanthem is reported from the Department of Neurology, Children's Hospital, Harvard Medical School, Boston, MA. The child was previously healthy, but had been exposed to his 5 year old brother who had developed varicella 4 days previously. The serum varicella-zoster IgG was absent on admission and 69.6 ELISA units/ml 5