

weeks later (Liu GT, Urion DK. Pre-eruptive varicella encephalitis and cerebellar ataxia. Pediatr Neurol Jan/Feb 1992; 8:69-70). (Correspondence: Dr. Urion, Department of Neurology, Children's Hospital, 3010 Longwood Ave., Boston, MA 02115.)

COMMENT. Pre-eruptive neurologic complications of varicella are rare but the diagnosis should be considered in children presenting with cerebella ataxia. The authors kindly cite a reference to my own experience at the Mayo Clinic and a report of a 5 year old boy presenting with symptoms and signs of intracranial hypertension and cerebellar ataxia which antedated the exanthema by 11 days (Goldston AS, Millichap JG, Miller RH. Cerebellar ataxia with pre-eruptive varicella. Am J Dis Child 1963; 106:197-200). In our patient the fundoscopic examination disclosed bilateral papilledema and a right sixth nerve palsy that led to ventriculography to exclude a space occupying lesion. In 15 previous reports of pre-eruptive neurologic complications of varicella, cerebellar ataxia was mentioned only in 1.

MIGRAINE AND OTHER HEADACHES

HEADACHE AND CHIARI TYPE I MALFORMATION

Headache was the presenting symptom in 5 of 6 patients with Chiari type malformation, reported from the Departments of Neurology and Neurosurgery, Trondheim University Hospital, Norway. Patient 1 had migraine headaches that started at age 22 during a first pregnancy. Patients 2 and 3, monozygotic twin daughters of patient 1, had headache and diplopia or vertigo, starting either at puberty or after the birth of a first child at the age of 20 years. Patients 4 and 5, daughters of patients 2 and 3, had pain in the neck and head. The diagnosis was made by MRI and confirmed at the time of surgery in 1 twin. The mother of patient 1 had severe headaches of undetermined cause. Whooping cough at the age of 2 weeks may have accentuated the degree of cerebellar herniation in 1 twin (Stovner LJ et al. The Chiari type I malformation in two monozygotic twins and first-degree relatives. Ann Neurol Feb 1992; 31:220-222). (Correspondence: Dr. Stovner, Department of Neurology, Trondheim University Hospital, 7006 Trondheim, Norway.)

COMMENT. Chiari type I malformation should be considered in the diagnosis of headache presenting at puberty or during first pregnancies. Hormonal changes may accentuate the tonsillar herniation and precipitate the occurrence of symptoms. A herniation of at least 5 mm is clearly pathological and 3-5 mm represents a borderline zone. The significance of minor degrees of herniation in adolescents with recurrent migraine type headaches is a concern and requires careful follow-up.

Chiari type I malformation was the cause of a velopharyngeal insufficiency in a 5 year old girl reported from the Hopital Robert Debre, Paris, France (Gerard CL. Dev Med Child Neur Feb 1992;

34:164-181). This child had denervation of the IX, X and XI cranial nerves, absent gag reflex, speech problem, but no complaint of headaches was recorded.

ICE CREAM HEADACHE

The characteristics of cold induced headaches in a group of migraine patients were compared with the usual migraine headaches and with cold induced headaches in a control population, in a study using a retrospective questionnaire at the City of London Migraine Clinic, London, England. The control patients were preclinical medical and dental student volunteers. Seventeen percent of the migraine patients and 46% of the students developed headache following palatal application or a swallow of ice cream. "Ice cream headache" was less common in migraine patients than the controls, and the pattern of the headache induced by ice cream was similar in the 2 groups. Only 2 of the 12 migraine patients who developed ice cream headache on testing experienced the headache at a similar site to their usual migraines (Bird N, MacGregor EA, Wilkinson MIP. Ice cream headache - site, duration, and relationship to migraine. Headache Jan 1992; 32:35-38). (Reprints: Dr. E. Anne MacGregor, The City of London Migraine Clinic, 22 Charterhouse Square, London EC1M 6DX, England.)

COMMENT. This study suggests that ice cream headache is common but may be less common in migraine patients than the general population. These findings are in contrast to some previous studies showing that 93% of migraine patients reported ice cream headaches compared with 31% of non headache controls (Raskin NH, Knittle SC Headache 1976; 16:222-225).

The precipitating factors noted in 6 of 51 Nigerian children with migraine were fatigue in 3, lack of sleep in 2, and milk chocolate drink in 1. Ice cream was not noted as migraine precipitant in this study from Kano, Nigeria (Okogbo ME. Migraine in nigerian children: a study of 51 patients. Headache Nov 1991; 31:673-676). Haemoglobin genotype obtained in 41 cases was AA in 66% and AS in 34%. The prevalence of haemoglobin AS was higher than in the general population (25%).

MYASTHENIA GRAVIS

PROGNOSIS OF MYASTHENIA GRAVIS

The prognosis of myasthenia gravis (MG) was assessed retrospectively using life table analysis in 844 patients followed up for a mean period of 5 years in 3 neurological centers in Milan, Rome and Pavia, Italy. The patients were aged from 2 to 90 years with a mean of 45 years. The onset of symptoms peaked in the young and middle age groups, and the commonest age at onset was between 20 and 39 years. The proportion of females progressively decreased with age. Sixty-two percent of patients received