

COMMENT. Other brain tumors associated with West syndrome have included choroid plexus papilloma, ganglioglioma, and optic nerve glioma. Infantile spasms and choroid plexus papilloma have also been described in Aicardi syndrome (see Ped Neurol Briefs October 1989; 3:74).

OPTIC NERVE GLIOMA

The clinical presentation, diagnosis, response to therapy, and visual outcome of 18 children with optic nerve glioma are reported from the Division of Neurology, Department of Pediatrics, University of British Columbia, Vancouver, Canada. Failing vision was the presenting symptom in 13 patients and 15 had an incorrect initial diagnosis which resulted in many years of treatment delay with consequent further visual impairment and reduced efficacy of treatment. In patients presenting with visual impairment, the time from presentation to diagnosis was 28 months whereas in five with increased intracranial pressure, the diagnosis was made within three months. Incorrect initial diagnoses included idiopathic nystagmus (3), congenital optic nerve atrophy (3), squint, diencephalic tumor, multiple sclerosis, and hysteria. Following radiotherapy, an improvement in vision was observed only in those children who presented with increased intracranial pressure and who were diagnosed early. Multiple cafe-au-lait spots were observed in five children. (Appleton RE, Jan JE. Delayed diagnosis of optic nerve glioma: A preventable cause of visual loss. Pediatr Neurol July/Aug 1989, 5: 226-8).

COMMENT. In young children presenting with nystagmus, squint, optic atrophy, or visual impairment, the possibility of optic nerve glioma should be considered. The diagnosis is especially likely if signs of neurofibromatosis are associated. Early diagnosis may prevent visual loss and may influence the efficacy of radiotherapy.

LEARNING AND BEHAVIOR DISORDERS

MUSIC AND ADOLESCENT BEHAVIOR

The role of music in the lives of adolescents and the use of music preferences as clues to the emotional and mental health of adolescents is reviewed from the Group on Science and Technology, American Medical Association, Chicago, IL. Between the 7th and 12th grades the average teenager listens to 10,500 hours of rock music. Unlike television viewing which is often subject to family discussion and parental control, music is largely uncensored. Music plays a large role in adolescent socialization, as an information source about sexuality and alternative lifestyles, and as an introduction to political topics via various concerts organized for political causes. It is an important symbol in the search for independence and autonomy. It may provide an outlet for personal troubles or conflicts with parents. Musical preferences may reflect different types of struggles that adolescents face as they make the transition to adulthood. Rock music has spawned many cultural

accessories such as tee shirts and dress styles. There may be a causal link between school performance and music preference. A heavy involvement in rock music by low achievers may be an adaptive reaction to their failures as students and an expression of their alienation from school and the learning experience. Successful students exhibit a preference for mainstreamed music, less interest in punk and rock music, and less involvement in peer groups. Parent's groups have characterized many rock lyrics as sexually explicit and violent, some even advocating suicide. Heavy metal music glorifies hatred, abuse, sexual deviancy, and occasionally satanism. An adult's interpretation of rock lyrics might be entirely different from that of a teenager. Physicians can encourage parents to question their children about their interpretation of the music and what role it plays in their lives. The physician may also point out that so far there is no confirmation that this music has a deleterious effect on the behavior of adolescents. (Brown EF, Hende WR. Adolescents and their music. Insights into the health of adolescents. JAMA September 22/29, 1989; 262:1659-1663).

COMMENT. It is apparent that theories regarding the influence of music on the behavior of adolescents are mainly conjectural and unproven. An adverse effect of this music not mentioned in this article is the incidence of nerve deafness. The inattention to the environment caused by the wearing of earphones while walking to school or work or bicycling may also contribute to an increased incidence of traffic accidents and injuries.

METHYLPHENIDATE AND SEIZURES

The effects of methylphenidate in ten children with attention deficit complicated by seizure disorders are reported from the Departments of Pediatrics and Neurology, Children's Hospital of Pittsburgh, PA. The seizure types were partial complex in five, generalized tonic-clonic in two, generalized atonic in two, and partial motor with secondary generalization in one. The seizures had been well controlled for at least three months preceding the study. Monotherapy consisted of carbamazepine in five, phenobarbital in two, valproic acid in two, and phenytoin sodium in one. Methylphenidate was administered 0.3 mg/kg/dose at 8 a.m. and 12 p.m. on school days only and the study design was a double blind medication-placebo crossover. There were significant improvements on the Conners' Teacher Rating Scale and on the finger tapping task. No seizures or changes in the EEG occurred during the study period. It was concluded that methylphenidate may be a safe and effective treatment for certain children with seizures controlled with anticonvulsant medication and complicated by attention deficit disorder. (Feldman H et al. Methylphenidate in children with seizures and attention-deficit disorder. AJDC September 1989; 143:1081-1086).

COMMENT. The Physicians' Desk Reference includes a contraindication to the use of Ritalin as follows: "there is some clinical evidence that Ritalin may lower the convulsive threshold in patients with prior history of seizures, with prior EEG abnormalities in the absence of seizures, and, very rarely, in