Dijon, France, have continued their interests and research concerning the association of somnambulism and migraine in childhood. Among 25 children with migraine developing between 8 and 15 years of age, 7(28%) had a history of somnambulism beginning at age 5 to 10 years (mean 7 years). In normal controls and in children with epilepsy, the incidence of somnambulism was only 5 and 6%, respectively. A history of somnambulism may be a useful aid in the diagnosis of migraine in a child with headaches. (Giroud M, Nivelon JL, Dumas R. Arch Fr Pediatr 1987; 44:263-5).

COMMENT: The early differentiation of migraine from nonmigraine headache is important (1) to expedite relief by appropriate treatment and (2) to spare the child unnecessary radiological and other extensive testing. This study confirms that of Barabas G et al (Neurology 1983; 33; 948) that showed an incidence of sleep walking of 30% in migraineurs compared to 5 to 6% with learning disabilities. Additional childhood precursors of migraine include cyclic vomiting, abdominal pain, motion sickness, and paroxysmal vertigo.

TOLOSA-HUNT SYNDROME

The authors report a case in a 10.5 year old girl admitted to the Centre hospitalier Guy-de-Chauliac, Montpellier, France, with a left painful ophthalmoplegia. She had a convulsion with fever and a left facial palsy at 6 years of age and since then complained of headaches. Four years later she had diplopia, left-sided ocular pain and ptosis. On admission, there was a complete III nerve and a VI nerve paralysis on the left. CT, EEG, evoked potentials, spinal tap, blood and immunologic tests were normal. Steroid therapy resulted in a rapid remission. The authors point out that the diagnosis is by exclusion of local and systemic disease and that the syndrome is difficult to differentiate from ophthalmoplegic migraine. (Rapin, F, Echenne B. Arch Fr Pediatr 1987; 44: 299-301).

COMMENT: Tolosa, in 1954, described this syndrome as a periarteritic lesion of the carotid syphon with the clinical features of a carotid infraclinoidal aneurysm. Hunt et al, in 1961, invoked an indolent inflammation of the cavernous sinus and described the beneficial response to steroids.

Ophthalmoplegic migraine , in the differential diagnosis, has been reported in infants (Pediatrics 1978; 61;886) and usually presents early in childhood. The III nerve palsy develops 24 hours or more after the onset of the migraine headache and coincides with the stage of vasodilation; presumably it is due to a localized pressure effect of the carotid artery.

INFECTIONS OF THE NERVOUS SYSTEM

NEW ENGLAND LYME DISEASE IN ENGLAND

A 6 year old boy seen this month after recovery from severe neurological complications of Lyme disease prompts this report to alert pediatricians and neurologists to the increase in incidence of this seasonal infectious disease, especially among campers in the United States, Europe, and Australia.

The patient whose case was reported from St. Helier Hospital, Carshalton, Surrey, presented 6 months ago with headache, drowsiness, vomiting, photophobia, and neck stiffness. He was afebrile and had

papilledema and Babinski signs. The CT was normal and the CSF was compatible with viral meningo-encephalitis. His condition rapidly deteriorated and bulbar, 6th and 7th nerve palsies, and spastic paralysis developed. Borrelia burgdorferi serology was positive and IgG and IgM titers were elevated in the serum but not in the CSF. Benzylpenicillin IV in high doses for 14 days resulted in slow but complete recovery. (Bendig JWA, Ogilvie D. Lancet,1987; 1: 681-2).

COMMENT: This patient lacked the history of tick bite, fever, arthralgia, and characteristic rash, erythema chronica migrans. He had been camping in France 4 months before and had been close to deer in Richmond Park 5 months before the onset of symptoms. About 15% of patients with Lyme disease develop neurological problems. A triad of meningo-encephalitis, cranial neuritis, and radiculoneuritis is described. Early treatment with penicillin in children aborts the progress of the disease.

One case recently reported (Broderick JP et al. Mayo Clin Proc 1987; 62:313), a girl from Wisconsin who had classic untreated Lyme disease at 13 years of age, developed severe focal inflammatory encephalitis with positive serologic tests 6 years later. She presented with headaches, global aphasia, and apraxia of her right upper extremity. The EEG showed slow-wave activity over the entire left hemisphere. Treatment with penicillin G 20 mill units daily for 2 weeks was followed initially by clinical deterioration but later by gradual and steady improvement. The early diagnosis of Lyme disease is important because of the serious neurological complications that accompany delay in treatment.

PAROXYSMAL DISORDERS

GUSTATORY HALLUCINATIONS IN EPILEPTIC SEIZURES

Gustatory hallucinations occurred as a manifestation of parietal, temporal or temporoparietal seizures in 30 (4%) of 718 patients investigated for intractable epilepsy by stereoelectroencephalographic exploration at the Unite de Recherches 97, Inserm, et Service de Neurochirurgie de l'Hopital Sainte-Anne, Paris. Theelectrically-induced seizures which included a gustatory hallucination in 20 patients were obtained by stimulation of the hippocampus and amygdala. The associated ictal events varied with the origin of the seizure: (1) during parietal seizures, they consisted of staring, clonic facial contractions, deviation of eyes and salivation, (2) during temporal lobe seizures, there were oral movements, autonomic disturbances, purposeless movements and epigastric or other abdominal symptoms. Gustatory hallucinations were related to the disorganization of the parietal and/or rolandic operculum. The seizure onset was at a mean age of 9.7 yrs (2-34 yrs) and the gustatory manifestations appeared at a mean age of 14.5 yrs (2-34 yrs). (Hausser-Hauw C, Bandaud J. Brain 1987;110:339-359).

COMMENT: Children with drug-resistant temporal lobe epilepsy should be considered for neurosurgical treatment. Deterioration of behaviour in a school-age child with complex partial seizures carries a poor prognosis if surgery is delayed. Reversal of social, intellectual, and character deficits associated with temporal lobe epilepsy may be expected after operation. (Lindsay J, Ounsted C, Richards P. Develop Med Child Neurol 1984;26:25-32).