

to 5 months, and early mortality. (Barone R, Aiello C, Race V, et al. DPM2-CDG: a muscular dystrophy-dystroglycanopathy syndrome with severe epilepsy. **Ann Neurol** 2012 Oct;72(4):550-8). (Respond: Dr Dirk J Lefeber. E-mail: D.Lefeber@neuro.umcn.nl or Dr Gert Matthijs. E-mail: Gert.Matthijs@uzleuven.be).

COMMENT. Serum N-glycosylation screening and/or enzyme analysis of DPM synthase are recommended in the workup of infants born with unsolved dystroglycanopathies.

## **INFECTIOUS DISORDERS**

### **SUBDURAL EMPYEMA IN BACTERIAL MENINGITIS**

Researchers at the University of Amsterdam, the Netherlands, evaluated the occurrence, treatment, and outcome of subdural empyema as a complication of community-acquired bacterial meningitis in 28 (2.7%) adults. Predisposing conditions in 26 (93%) patients included spread of otitis or sinusitis to the subdural space in 21 (75%). Presenting symptoms in 23 patients (82%) were neurologic and consisted of paresis, focal seizures, and dysesthesia contralateral to the empyema. The organism cultured from the CSF was *Streptococcus pneumoniae* in 26 patients (93%) and *Streptococcus pyogenes* in 1 (3%). One patient had negative CSF cultures. Complications leading to an unfavorable outcome in 68% cases were seizures (50%), focal neurological abnormalities (54%), and hearing impairment (39%). Five patients with empyema causing midline shift were treated by neurosurgical evacuation of the empyema. (Jim KK, Brouwer MC, van der Ende A, van de Beek D. Subdural empyema in bacterial meningitis. **Neurology** 2012 Nov 20;79(21):2133-9). (Response and reprints: Dr van de Beek, E-mail: d.vandebeek@amc.uva.nl).

COMMENT. Symptoms or signs indicative of subdural empyema in adults with meningitis are otitis or sinusitis, focal neurologic deficits, or seizures. In patients suspected of having developed subdural empyema, the diagnosis was confirmed by MRI with diffusion-weighted imaging. Lumbar puncture may be associated with a risk of brain shift and sudden clinical deterioration and requires careful monitoring.

In a pediatric study of intracranial empyema at the University of Paris Descartes, 33 of 38 patients presented with subdural empyema and 5 with extradural empyema. Ten were infants <1 year of age, all related to bacterial meningitis, and 28 were children mainly associated with otitis or sinusitis infections. In children with subdural empyema, factors associated with poor prognosis were neurological deficit and cerebral herniation on admission CT scan. (Legrand M, et al. **Eur J Pediatr** 2009 Oct;168(10):1235-41).

### **BRAIN ABSCESS FROM A PERITONSILLAR ABSCESS**

Researchers at Louisiana State University, Shreveport, LA, report the case of a 9-year-old immunocompetent girl diagnosed with a left frontal brain abscess accompanied by fever, headache, and weight loss for a 3-month period. A left-sided peritonsillar abscess was the presumptive source of the brain abscess. A review of the literature

uncovered only one similar case report. (Sankararaman S, Riel-Romero RMS, Gonzalez-Toledo E. Brain abscess from a peritonsillar abscess in an immunocompetent child: A case report and review of the literature. **Pediatr Neurol** 2012 Dec;47(6):451-4). (Response: Dr Sankararaman; E-Mail: drsskumar@gmail.com).

COMMENT. Predisposing risk factors for pediatric brain abscess include congenital cyanotic heart disease, immunocompromised state, or septic foci in teeth, paranasal sinuses, middle ear, mastoid and tonsils. Cranial MRI in diagnosis of suspected brain abscess should include a possible source of infection in sections of the neck.

### **AAN GUIDELINE ON STEROIDS AND ANTIVIRALS FOR BELL PALSY**

The Guideline Development Subcommittee of the AAN provides an update of the 2001 evidence-based practice guideline for the treatment of Bell palsy. A search of Medline and the Cochrane Database of Controlled Clinical Trials for articles published since January 2000 identified 9 studies (2 rated Class I) of patients with new-onset Bell palsy who received steroids/antiviral agents. The committee concludes as follows: 1) Steroids are highly likely to be effective and should be offered to increase the probability of recovery of facial nerve function; 2) antiviral agents in combination with steroids do not increase the probability of facial functional recovery by >7%. Antivirals may be offered in addition to steroids because of a possible modest increase in recovery, but patients should be counseled that a benefit from antivirals has not been established. (Gronseth GS, Paduga R. Evidence-based guideline update: steroids and antivirals for Bell palsy. Report of the Guideline Development Subcommittee of the American Academy of Neurology. **Neurology** 2012 Nov 27;79(22):2209-13). (Response and reprints: American Academy of Neurology. E-mail: guidelines@aan.com).

COMMENT. The committee suggests for further research, large randomized trials comparing outcomes after steroids with or without antivirals, including patients with zoster sine herpete. The optimal dose and timing of steroids and their effects in children should be determined.

## **MOVEMENT DISORDERS**

### **THALAMIC METABOLISM AND RESTLESS LEGS SYNDROME**

Researchers at University of Bologna, Italy, evaluated medial thalamus metabolism and structural integrity in 23 patients with restless legs syndrome and 19 healthy controls. Proton magnetic resonance spectroscopy (PMRS) disclosed a significantly reduced N-acetylaspartate creatine ratio and N-acetylaspartate concentrations in the medial thalamus of patients with restless legs syndrome compared to controls ( $P < 0.01$ ). Lower N-acetylaspartate concentrations were significantly associated with a family history of restless legs syndrome ( $P = 0.018$ ). Dysfunction of the medial thalamus and limbic system plays a role in the pathophysiology of idiopathic restless legs syndrome. In contrast, thalamic volume studies using diffusion tensor imaging, and voxel-based morphometry showed no structural thalamic changes. (Rizzo