face. Within minutes, she was confused, unable to comprehend simple commands, and her speech was slurred. Five days before admission, she received a booster diphtheria and tetanus toxoid shot. Mother had a history of migraine. Neurological exam was unremarkable except for confusion and irritability, slurred speech, and a questionable upper quadrant visual field defect. CT scan and lumbar puncture were normal. EEG performed 2 hours after confusion onset showed diffuse slowing, maximal left hemisphere. IV midazolam was without effect, but within 30 min of receiving IV valproate, 20 mg/kg, she recovered completely. At 3 months, repeat EEG was normal, and at 18 months follow-up, parents reported no further episodes or headaches. (Avraham SB, Har-Gil M, Watemberg N. Acute confusional migraine in an adolescent: Response to intravenous valproate. **Pediatrics** April 2010;125:e956-e959). (Respond: Nathan Watemberg MD, Child Neurology Unit, Meir Medical Center, Tel Aviv University, Kfar-Saba, Israel. E-mail: Nathan.watemberg@clalit.org.il).

COMMENT. Acute confusional migraine is a rare example of a migraine equivalent. Others are abdominal migraine, cyclic vomiting, benign paroxysmal vertigo, paroxysmal torticollis, and acephalgic migraine. Previously, valproate has been shown effective in prophylaxis of chronic migraine. IV valproate use as acute treatment of migraine equivalent attacks deserves further study.

VASCULAR DISORDERS

HEADACHE AS RISK FACTOR FOR VASCULAR DISEASE

The association of severe or recurrent headache or migraine with vascular disease in childhood or adolescence was examined by a National Health and Nutrition Survey at the National Institute of Neurological Disease and Stroke and of Mental Health, Bethesda, MD. Children with headaches had higher mean values for body mass index, C-reactive protein, and homocysteine, and more children with headaches were at the highest risk for these factors. Serum and red blood cell folate levels were lower in children with headache. (Nelson KB, Rishardson AK, He J, Lateef TM, Khoromi S, Merikangas KR. Headache and biomarkers predictive of vascular disease in a representative sample of US children. **Arch Pediatr Adolesc Med** 2010;164(4):358-362). (Respond: Dr Nelson, NIND&S, NIH, Bethesda, MD).

COMMENT. Screening of children with recurrent headache for vascular disease risk factors may permit early preventive intervention for vascular disease.

Thrombophilia risk factor for arterial ischemic stroke or cerebral sinovenous thrombosis in neonates and children. Review and Meta-analysis. (Kenet G et al. **Circulation** April 12, 2010;published online. Respond: Ulrike Nowak-Gottl MD, E-mail: leagottl@uni-muenster.de). A multinational search of electronic databases for studies published from 1970 to 2009 found 22 of 185 references met inclusion criteria and included 1764 patients (1526 with arterial ischemic stroke [AIS], and 238 with cerebral sinovenous thrombosis [CSVT]) and 2799 controls. A statistically significant association with first stroke (AIS or CSVT) was demonstrated for each thrombophilia trait evaluated.

These included antithrombin deficiency, protein C deficiency, protein S deficiency, factor V, factor H, and combined thrombophilias. Thrombophilias are risk factors for first incident stroke. Outcome and recurrence risk of stroke need further investigation.

ANTITHROMBOTIC TREATMENT IN NEONATAL CEREBRAL SINOVENOUS THROMBOSIS

Researchers involved with the International Pediatric Stroke Study enrolled 341 neonates with cerebral sinovenous thrombosis (CSVT) from 10 countries from 2003 through 2007. Neuroimaging findings, available in 67 of 84 term neonates with isolated CSVT, included venous ischemic infarction in 5, hemorrhagic infarction in 13, both infarction and hemorrhage in 26, and no parenchymal lesions in 23. Treatment data, available for 81/84 neonates, included antithrombotic medications in 52% (n=43) as follows: heparin (14), low molecular weight heparin (34), warfarin (1), and aspirin (2). Deep venous system thrombosis (P=0.05), and location in the US (P=0.001) predicted non-treatment with antithrombotic medications. Presence of infarction, hemorrhage, dehydration, systemic illness, and age did not predict treatment or non-treatment. On multivariant analysis, only geographic location was a significant predictor of treatment or non-treatment. (Jordan LC, Rafay MF, Smith SE, et al. Antithrombotic treatment in neonatal cerebral sinovenous thrombosis: Results of the International Pediatric Stroke Study. **J Pediatr** May 2010;156:704-710). (Reprints: Stephen Ashwal MD, Dept Pediatrics, Loma Linda University School of Medicine, 111785 Campus St, Loma Linda, CA 92350. E-mail: sashwal@llu.edu).

COMMENT. Treatment of neonatal cerebral sinovenous thrombosis in international centers is variable and regional, and the indications and choice of antithrombotic medications are poorly defined. In an editorial, Massicotti MP et al. emphasize the importance of defining the "best" care for neonates with CSVT (**J Pediatr** 2010;156(5):695-696). The long-term outlook for neonatal CSVT is estimated to be severe, with disabilities up to 58% with developmental delay, 28% cerebral palsy, and 20% seizure disorders (Roach ES et al. **Stroke** 2008;39:2644-2691). The American Heart Association recommends antithrombotic therapy for neonates with severe thrombophilic disorders, multiple emboli, or propagating CSVT.

INFECTIOUS DISORDERS

VACCINE-ASSOCIATED HERPES ZOSTER OPHTHALMICUS AND ENCEPHALITIS

The case of an immunocompetent 3 and half-year-old girl who developed encephalitis and herpes zoster ophthalmicus 20 months after immunization with varicella-zoster virus vaccine is reported from Children's Hospital, Athens, Greece, and University College, London, UK. She presented with herpetiform rash on the right half of her face, dizziness, vomiting, and somnolence. The rash followed the distribution of the ophthalmic branch of the trigeminal nerve and extended to the tip of the nose