

cefotaxime was begun. Serum markers for other infectious diseases sometimes complicated by cerebellar ataxia were negative; these included herpes simplex, cytomegalovirus, varicella zoster, mumps, rubella, rubeola, Epstein-Barr virus, and mycoplasma. At discharge on day 28, the neurologic exam was normal, and serum for B burgdorferi IgM and IgG antibodies was positive. (Erol I, Saygi S, Alehan F. Acute cerebellar ataxia in a pediatric case of Lyme disease and a review. **Pediatr Neurol** 2013 May;48(5):407-10). (Resp: Dr Erol, Adana, Turkey. E-mail: ilknur_erol@yahoo.com).

COMMENT. Neuroborreliosis presents with both central and peripheral nervous system manifestations, including aseptic meningitis, meningoencephalitis, Bell's palsy, radiculoneuritis, and myelitis. Four previously published reports of cerebellar ataxia with Lyme disease are reviewed.

MRI AS ADJUNCT IN DIAGNOSIS OF MENINGITIS

Investigators from the Children's Hospital of Pittsburgh, PA, reviewed the literature on the role of MRI as an adjunct for diagnosing meningitis. Of 7 relevant articles, two were reviews and an opinion of usefulness of the MRI was based on 5 articles. Specificity of MRI (i.e. negative imaging findings in those who did not have meningitis) was high and ranged from 93% to 100%. Sensitivity of the MRI was more variable (9%, 85%, 95% and 100%); sensitivity may be higher for bacterial and fungal meningitis than for viral meningitis, but it may depend on the degree of inflammatory response and may vary with etiology. The MRI sequences may vary in yield, the contrast-enhanced FLAIR being most useful in a number of studies. Most of the studies included children, but the majority involved adults.

Based on the studies reviewed, MRI is not recommended to rule out meningitis due to its poor sensitivity; it may be more useful for bacterial compared to viral meningitis, but sensitivity varies depending on MRI technique used and data are limited. MRI is more specific but cannot be recommended to rule in meningitis because data are limited for children and none for infants. (Upadhyayula S. Is there a role for MRI as an adjunct for diagnosing bacterial meningitis? **Arch Dis Child** 2013 May;98(5):388-90). (Response: Dr Shankar Upadhyayula, Infectious Diseases, Children's Hospital of Pittsburgh, PA 15206. E-mail: Shankar.upadhyayula@chp.edu).

COMMENT. If further studies provide a more definitive role, MRI could be of diagnostic value in neonates and small children with traumatic lumbar punctures, to avoid unnecessary long-term antibiotics and extended hospital stay.

NEURO CUTANEOUS DISORDERS

GM1 GANGLIOSIDOSIS TYPE 1 AND MONGOLIAN SPOTS

Investigators in Sao Paulo, Brazil, report a female infant born at term to healthy consanguineous parents who was examined at 9 months for delayed development. She showed hepatosplenomegaly, and widespread Mongolian spots extending over the back