The present study provides support for the hypothesis that maternal nicotine exposure may exaggerate the atherosclerotic process later in life.

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DOES ELECTROENCEPHLOGRAPHY HELP IN EARLY DIAGNOSIS OF SUBACUTE SCLEROSING PANENCEPHALITIS

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Background: To find out the role of electroencephlography in the early diagnosis of subacute sclerosing panencephalitis. It will be a cross sectional observational study conducted at department of Neurology Children's Hospital, Lahore from April 15, 2005 to September 15, 2009.

Methods: Children between the ages of 4 to 18 years (n=129) with myoclonic jerks were admitted in Neurology department. History and clinical examination was carried out and EEG and CSF antimeasles antibodies were performed. Children may have EEG findings consistent with SSPE (EEG abnormalities having burst suppression in high amplitude slow and sharp waves recur at 3-5 second interval on slow background) or other EEG findings like myoclonic epilepsy with normal back ground, normal EEG etc. CSF of all children was sent for antimeasles antibodies for further confirmation which was considered diagnostic. Brain imaging was done in all children to exclude other possible diagnosis.

Results: Total of 59 patients with EEG findings of subacute sclerosing panencephalitis were further confirmed with CSF anti measles antibodies. It was positive in 57 children. (P value < 0.05). While ten children had negative EEG findings and all of them had negative results for CSF antimeasles antibodies.

Conclusion: Subacute sclerosing panencephalitis is not an uncommon entity in our population with quite variable clinical presentation and electroencephlography has significant valve in early, cost effective and reliable diagnosis.

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FEEDING AND SWALLOWING DIFFICULTIES IN PATIENTS WITH SPINAL MUSCULAR ATROPHY TYPES II AND III

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Objective: Spinal muscular atrophy (SMA) is a neurodegenerative disease affecting motor functions, may compromise feeding and swallowing, gastrointestinal function, and nutritional status. We conduct a questionnaire survey for addressing the prevalence and risk factors of feeding and swallowing problems in SMA type II and type III patients.

Methods: A dedicated questionnaire survey was conducted from September 2008 to November 2009, and 111 genetically confirmed SMA patients are participated. The questionnaire includes demographic data, current ambulatory and respiratory status, feeding and swallowing difficulties, gastrointestinal and respiratory dysfunctions.

Results: Total 108 SMA patients met the inclusion criteria (age range: 3-45 years old, 60 type II and 48 type III). The prevalence of feeding and swallowing difficulties in total SMA types II and III were 25.9% in pre-oral phase, 25.9% in oral phase, 30.6% in pharyngeal phase, and 16.7% in esophageal phase. Respiratory support is a significant risk factor in pre-oral, oral and pharyngeal phases of feeding and swallowing difficulty in SMA types II and III. SMA type II is a significant risk factor in pre-oral and pharyngeal phases compared with type III. Sitters and non-sitters have significantly higher prevalence of feeding and swallowing difficulties than walkers. Patients with gastroesophageal reflux disease (GERD) also have significantly higher prevalence than patients without GERD.

Conclusions: Feeding and swallowing difficulties were common in SMA types II and III, especially in type II. Need respiratory support, poor current ambulatory status, and GERD increase the risk of feeding and swallowing difficulties. SMA patients need multidisciplinary medical care.