Kleine-Levin syndrome: a cause of diagnostic confusion


Down's syndrome

Three papers in the July 1994 issue of Developmental Medicine and Child Neurology (1994; 36: 576-85, 586-93, and 594-600) describe problems encountered by children with Down's syndrome. It has been estimated that between 0-6 and 13% of children with Down's syndrome also have infantile spasms. Seventeen children with this combination were identified in Boston, Massachusetts (Carl E Stafstrom and Richard J Konkol: 576-85). In general the addition of infantile spasms to Down's syndrome seemed less disastrous than might have been expected. The prognosis for control of seizures was quite good and developmental progress on the whole remained within the range expected in Down's syndrome, although some children who regressed with the onset of infantile spasms remained developmentally impaired.

Workers in Newfoundland (Mary L Courage and colleagues: 586-93) measured visual acuity in 51 infants and children with Down's syndrome. They found a significant reduction in visual acuity and delayed development of visual acuity especially after the age of 6 months.

In Chicago 77 unselected children at a Down's syndrome clinic were examined first by a developmental paediatrician and then by a paediatric ophthalmologist (Nancy J Roizen and colleagues: 594-600). The paediatrician found an ophthalmic abnormality in 31 children and the ophthalmologist confirmed these and found an abnormality in a further 15. Overall 61% of children had an ophthalmic abnormality, 38% of the infants and 80% of those aged 5 to 12 years. The most common disorders were refractive errors, squint, and nystagmus. These authors conclude that all children with Down's syndrome should be examined by a paediatric ophthalmologist before the age of 6 months and regularly after that.

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