FLAIR sequence, in the diagnosis of this disease; to compare the main findings of the FLAIR sequence to the other MR sequences; and to define the preferential location of neurocysticercosis lesions, as well as the apprenticeships in the larval way most found in this series.

We studied prospectively MR exams of 115 patients with neurocysticercosis, with ages varying between 4 and 64 years, presenting intracranial lesions. The MR protocol included T1, T2, FLAIR and T1 weighted images after the injection of the paramagnetic contrast. Two post-contrast sequences were obtained, one immediately after gadolinium injection and the other some minutes afterwards. All MR exams were evaluated by two radiologists separately. Each one of the examiners took notice for every sequence and MR exam of the lesions location (parenchymal, subarachnoid, ventricular or the association of one or more of the previous ones); the total number of lesions, specifying how many were calcified and in how many a scolex could be detected; the lesions topography (supratentorial, infratentorial or both), and the lesions apprenticeship of the larval form: vesicular, colloidal vesicular, nodular or calcified nodular. There were no statistically significant differences between the results obtained by the two examiners, demonstrating internal agreement.

Of the 115 MR exams: 80 (69.6%) presented parenchymal lesions, 11 (9.6%) subarachnoid, 6 (5.2%) ventricular and 18 (15.6%) presented two or more different forms. FLAIR allowed the detection of the largest number of lesions with scolex and in the late enhanced T1-weighted images it was possible to detect the largest number of total lesions. In 32 cases for the examiner A and in 28 for B, the scolex was visualized in just one of the sequences, being this sequence, in 27 and 24 of these cases respectively, the FLAIR sequence. The lesions preferential location was in the supratentorial compartment. Regarding the apprenticeships in the larval way it was observed that in 98.3 to 99.1% of the cases the vesicular apprenticeship existed, in 47.0 to 50.4% the colloidal vesicular, in 65.2 to 69.6% the nodular and in 31.3 to 33% the calcified nodular lesions.

In conclusion: the FLAIR sequence detected the larger number of scOlex, which is considered a criterion for the definitive diagnosis of the disease. The FLAIR sequence demonstrated a larger total number of lesions than the T1 and T2-weighted images, but out of all sequences the late enhanced T1-weighted image allowed visualization of the largest total number of lesions. The parenchymal form was mostly found in this series (69.6% of the patients). Lesions prevailed in the supratentorial location (68.7% to 71.3%). With relationship to the evolutionary apprenticeship in the larval way there was a prevalence of the vesicular stage (98.3 to 99.1% of the cases), associated to at least two stages in 65.2 to 69.6% of the cases and the four stages of the larval way were present among 31.3 to 33.0% of the cases.

KEY WORDS: cysticercosis, central nervous system, magnetic resonance imagING, FLAIR sequence.

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NEUROPSYCHOLOGICAL EVALUATION: COMPARATIVE STYDY OF CHILDREN WITH HEMIPARETIC CEREBRAL PALSY AND LEARNING DISORDERS (ABSTRACT)*. **THESIS**. **CAMPINAS**, **2002**.

*MARIA DE LOURDES MERIGHI TABAQUIM***

The aim of this piece of study was the set up and the analysis of data related to the neuropsychological evaluation of children from seven to twelve years old, boys or girls, from average to below-average socio-economical level, from regular and specialized public schools from Bauru and Campinas.

This study has analyzed the relation between the learning process of children with neurological damages like mental paralysis in the hemiparethic convulsive way, with or without mental deficiency and in children without neurological deficiency but with learning problems report, having a controlling group formed by children without learning and development report.

Eighty-five children formed four distinct categories: Group I (PC/SDM), Group II (PC/CDM), Group III (N/CDA) and Group IV (N/SDM). The evaluation procedures consisted of standardized tests of men-

tal pedagogical and visual-moving level, neuropsychological test, questionnaires to the child and to the teacher and a complimentary exam of neuroimage.

The data were analyzed statistically and compared from the literature view, considering their implications in the concept, classification and reference to the learning disturbances.

KEY WORDS: neuropsychology, psychological evaluation, learning disorders, cerebral palsy.

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GUILLAIN-BARRÉ SYNDROME IN CHILDREN (ABSTRACT)*. **DISSERTATION**. **SÃO PAULO**, **2003**.

*VANESSA VAN DER LINDEN***

Subject: The aim of the study was to trace the epidemiologic, clinical, laboratory and evolution profile of Guillain-Barré syndrome (GBS) casuistics at the Instituto da Criança of Hospital das Clínicas of Faculty of Medicine of the University of Sao Paulo (FMUSP) between 1989 and 2000.

Method: Patients were studied retrospectively and casuistic was defined by consulting Instituto da Criança data base and data was collect through a structured protocol.

Results: From the 61 patients that fulfilled the selection criteria, aged between 7 months to 13 years old, no sexual or seasonal variation was observed. A clinical event prior to neurological symptoms (with a medium gap of time of 20.7 days) was observed in 62.3%, 55% had cranial nerve disturbs, 27.9% dysautonomic symptoms, and 27.9% respiratory dysfunction. The progression time variated from 2-40 days, Plato from 0-28 days and recuperation from 30-480 days; 94% had a complete clinical recuperation. ENMG in 20 patients disclosed a demyelinating pattern in 15, exclusively motor axonal pattern in 4 and a mixed pattern in 1 patient.

Conclusion: The results obtained did not differ from those in literature but it was observed that boys and older children had a recuperation time longer. It was not possible to ascertain ENMG with clinics and evolution due to the reduced number of patients submitted to this evaluation.

KEY WORDS: Guillain-Barré syndrome, acute flacid palsy, children, epidemiology, prognosis.

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EVOLUTION OF THE NEUROLOGICAL DEVELOPMENT IN SEVEN-YEAR-OLD BLIND CHILDREN (ABSTRACT)*. **DISSERTATION. SÃO PAULO**, **2003.**

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Visual handicap children have many difficulties in discovering and knowledge about their own body, all the objects around and the indispensable concept of space necessary to realise correct locomotor movements and to get independent mobility.

Objective: The purpose of this study is to evalute and compare the neuropsychomotor development of seven-year-old children who have normal vision and blind children, through the evolutionary neurological examination.

Method: The evolutionary neurological examination (ENE), standardized by Lefèvre et al. in 1976, comprises a battery of tests aiming at the semiology of the seven-year-old child neurological functions.

Results: We observed, according to the Lefèvre neuropsychomotor development evaluation scale, difference between the two groups it were found in the tests which evaluate the static balance ($p < 0.02$) and appendicular coordination ($p < 0.001$).