

- 3. Therapy may be justified for children whose height could prevent them from participating in the basic activities of daily living.
- 4. Pediatricians should be alert to commercial efforts to

stimulate parental interest in GH therapy as an avenue for improving athletic ability and other forms of social "success" for their children.

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Increased Height in Patients With Medulloblastoma

Robertson et al report their surprising findings from chart reviews of 85 patients with medulloblastomas seen at the University of Iowa College of Medicine from 1963 to 1995. These patients (64 children and 21 adults) had their height and weight documented on standardized growth charts before treatment of their tumors. The data show that 22.4% of these patients were above the 95% curve (see Table) in height. In a comparison group of patients with cerebellar astrocytomas, only 7.1% were above the 95% curve for height. Thus, there is a clear difference between linear growth in the 2 different groups. Most of the increased height was in male patients; however, 56 of the 85 patients were male. Interestingly, patients who presented as adults also were taller than expected at diagnosis.

The authors related that medulloblastoma cell lines can express different levels of growth factors, including epidermal growth factor, platelet-derived growth factor, transforming growth factor, and insulin-like growth factor (IGF). They note that since the adults in the study also were above normal height, something must have occurred that predated the development of neoplastic cells.

Robertson SC, et al. *Neurosurgery* 1997;41:561-566.

Editor's comment: *These authors have presented some very interesting and intriguing data. Since the study was retrospective, there are no carefully collected hormonal data from the individuals, ie, testosterone, growth hormone, IGF-1, etc. Nor do the authors present any data regarding the pubertal status of the children at the time of diagnosis. It is conceivable that some of the children with medulloblastoma may have had early puberty, which would account for their being taller than expected. Postoperatively, growth failure is the rule rather than the exception in these individuals. Although we have no data on final heights in the children, one would anticipate that those patients diagnosed and treated as children would not end up being tall adults. The data do suggest, however, that it is important for pediatric endocrinologists to continue to encourage their neurosurgical colleagues to evaluate the hormonal status of their patients preoperatively as well as after treatment.*

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Preoperative Height and Weight of Patients With Medulloblastomas^a

Medulloblastoma Preoperative Curves (%)	Height		All Patients Total (%)	Weight		
	M	F		M	F	Total (%)
>95	14	5	19 (22.4)	6	0	6(7.1)
>90	18	8	26 (30.6)	9	1	10(11.8)
>75	36	11	47 (55.3)	15	2	17(20.0)
>50	46	18	68 (80.0)	32	10	42(49.4)
>25	55	25	80 (94.1)	44	14	58(68.2)
>10	55	29	84 (98.8)	50	18	68(80.0)
>5	55	29	84 (98.8)	54	23	77(90.6)
>0	56	29	85 (100)	56	29	85(100)

^aNumbers in each column represent the total number of patients above or equal to the percentile group listed. From Robertson SC, et al. Increased height in patients with medulloblastomas. *Neurosurgery*. 1997;41:561-566.

Prenatal Diagnosis From Fetal Cells in Maternal Circulation

Detection of fetal aneuploidy by noninvasive means has been a long-term goal of the prenatal diagnostician. Screening procedures based on measuring substances in maternal serum, for example, maternal serum α -fetopro-

tein, detect many instances of aneuploidy. However, many are missed, and this deficit has prompted the search for other strategies, including analyzing fetal cells circulating in maternal serum. Indeed, it has been known for many