

medical illness. Prolonged EEG monitoring may be warranted after brief convulsive seizures to exclude NCSE. (Tay SKH, Hirsch LJ, Leary L et al. **Epilepsia** Sept 2006;47:1504-1509).

PANAYIOTOPOULOS SYNDROME: BENIGN AUTONOMIC EPILEPSY

The clinical features, EEG, misdiagnoses, and management of children with Panayiotopoulos syndrome (PS) are reviewed from Sophia Children's Hospital, Goudi-Athens, Greece. Emesis is the predominant manifestation of autonomic seizures in PS. Other autonomic symptoms include pallor, mydriasis, urinary or fecal incontinence, and hypersalivation. One fifth have ictal syncope with or without convulsions. One half of the seizures last for >30 minutes, and constitute a nonconvulsive autonomic status. Two thirds of the seizures occur during sleep. The EEG shows multiple spikes, occipital predominating, and sometimes centro-temporal of Rolandic epilepsy. Prognosis is benign, one quarter of patients having a single seizure and half having 2 to 5 seizures. One fifth develop Rolandic or occipital seizures, remitting before age 16 years. Cardiorespiratory arrest during an autonomic seizure is a very rare occurrence. Misdiagnoses include acute encephalitis, syncope, migraine, benign Rolandic epilepsy, or gastroenteritis. Benzodiazepines are used to terminate nonconvulsive autonomic status, and prophylactic treatment is prescribed infrequently. Aggressive treatment is avoided because of risk of cardiorespiratory arrest. (Covanis A. Panayiotopoulos syndrome: a benign childhood autonomic epilepsy frequently imitating encephalitis, syncope, migraine, sleep disorder, or gastroenteritis. **Pediatrics** October 2006;118:1237-1243). (Respond: A Covanis MD, Neurology Department, Agia Sophia Children's Hospital, Thivon and Levadias, Goudi, 11527 Athens, Greece).

COMMENT. Vomiting as an ictal phenomenon has been described by various terms including icus emeticus, diencephalic or autonomic epilepsy, abdominal epilepsy, and cyclic vomiting as a form of epilepsy (Millichap JG, Lombroso CT, Lennox WG. **Pediatrics** 1955;15:705-714; Freeman R, Schachter SC. **Seminars in Neurology** 1995;15:158-166; **Ped Neur Briefs** June and August 1995). Occipito-temporal spikes in the EEG, similar to those mentioned with PS, are described in previous reports of ictal vomiting. Are the symptoms described as PS sufficiently specific and novel to warrant classification as a separate syndrome?

ANTI-EPILEPTIC DRUGS

OXCARBAZEPINE MONOTHERAPY

The efficacy of oxcarbazepine monotherapy in 60 children and adolescents (aged 6 months to 17.8 years; mean age 8.2 yrs) with partial onset epilepsy was evaluated by retrospective chart review in a study at St Christopher's Hospital for Children, Philadelphia, PA. Dosage ranged from 6 to 71 mg/kg/day (mean 26.3 mg/kg/day). The mean dose varied with age, higher doses were required in younger patients; in patients <4 years, the mean dose was 33.1 mg/kg/day; 8 - 12 years, 25 mg/kg/day. Duration of therapy was 3 months to 8 years (mean duration 16.7 months). Reduction in seizure frequency was >50% in 51 (85%)