

NON-EPILEPTIC SEIZURES WITH INTERICTAL SPIKES

Long-term EEG-video-monitoring (LTM) detected 12 (8%) patients with non-epileptic seizures (NESS) among 145 temporal lobectomy candidates with medically refractory seizures and interictal temporal EEG spikes in a study at Emory University School of Medicine, Atlanta, GA. Seven patients had epileptic seizures recorded and characterized by motionless staring in addition to NESSs. LTM performed in temporal lobectomy candidates permits exclusion of those with NESSs. (Henry TR, Drury I. Non-epileptic seizures in temporal lobectomy candidates with medically refractory seizures. Neurology May 1997;48:1374-1382). (Reprints: Dr Thomas R Henry, Department of Neurology, Emory University, Woodruff MRB, Ste 6000, 1639 Pierce Drive, Atlanta, GA 30322).

COMMENT. Long-term EEG video-monitoring and ictal recordings are important pre-surgical evaluations in patients with medically refractory temporal lobe seizures and interictal temporal lobe spikes. Non-epileptic seizures are sometimes uncovered, though definitive exclusion of epileptic seizures may require intracranial EEG recordings.

SEIZURE DISORDERS

EPILEPSY SURGERY OUTCOME IN CHILDREN

Seizure frequency, neuropsychological function, quality of life, and need for antiepileptic drugs were evaluated in 33 consecutive children following epilepsy surgery at 12 years of age or younger at the University of Alabama at Birmingham and the Cleveland Clinic Epilepsy Centers. Two thirds were seizure-free after a mean follow-up of 3 years, and only 4 showed no improvement. Antiepileptic drugs were discontinued in 30%, and a similar percentage of patients tested psychologically showed a more than 10 point improvement in Verbal or Performance IQ. One patient had a mild hemiparesis and another a quadrantanopia. Inferior scores noted in quality of life questionnaires were unexplained. (Gilliam F, Wyllie E, Kashden J, Faught E, Kotagal P et al. Epilepsy surgery outcome: Comprehensive assessment in children. Neurology May 1997;48:1368-1374). (Dr Frank Gilliam, UAB Epilepsy Center, 1719 6th Avenue South, Suite 312, Birmingham, AL 35294).

COMMENT. This study confirms that surgery can be an effective treatment of refractory epilepsy in children, and surgical complications are unusual. The selection of patients is aided by video/EEG monitoring of seizures, intracranial monitoring or electrocorticography at the time of surgery, and PET or ictal SPECT imaging in some cases.

RISK FACTORS IN FEBRILE SEIZURE RECURRENCE

Predictors of single and multiple recurrent febrile seizures were identified prospectively in 428 children with first febrile seizures followed for 2 or more years at the Yale-New Haven Hospital, Jacobi Medical Center, North Central Bronx Hospital, and Montefiore Medical Center, Albert Einstein College of Medicine, NY. Of 136 (32%) having recurrent seizures, 17% had one recurrence, 9% had 2 recurrences, and 6% had 3 or more recurrences. Predictors of recurrent febrile seizures were: 1) young age at onset; 2) a family history of febrile seizures; 3) low degree of fever, and 4) brief interval between onset of fever and the first seizure. (Berg AT, Shinnar S, Darefsky AS et al. Predictors of recurrent febrile seizures. A prospective cohort study. Arch