Pediatr Adolesc Med April 1997;151:371-378). (Reprints: Anne T Berg PhD, Department of Biological Sciences, Northern Illinois University, DeKalb, IL 60115).

COMMENT. This study is one further confirmation of well established risk factors for recurrences of febrile seizures, especially age at onset, family history, and height of fever. (see Progress in Pediatric Neurology II, 1994;pp23-24; and Vol III, 1997;p29). A threshold to febrile seizures based on height of body temperature was established in animal and clinical studies performed 40 years previously at the Albert Einstein College of Medicine, NY. (Millichap JG. Studies in febrile seizures I. Height of body temperature as a measure of the febrile seizure threshold. Pediatrics Jan 1959;23:76-85).

A clinical study of 5 cases of epilepsy beginning as severe febrile seizures and seizures induced by hot water baths is reported from Ehime University, Japan. (Fukuda M, Morimoto T, Nagao H, Kida K. Brain Dev April 1997;19:212-216). Febrile seizures were controlled by clonazepam and diazepam but not by phenobarbital or valproate.

RASMUSSEN'S SYNDROME: EEG STUDY

The early and follow-up EEG characteristics of Rasmussen's syndrome are reported in an 11-year-old girl studied at Ospedale Civile, Mantova, Italy. Delta activity localized to the left temporal region persisted in the EEG three days following an initial 15 min partial seizure characterized by staring, right arm parasthesias, and speech impairment. Neurologic exam and MRI were normal. SPECT scan showed left temporal hypoperfusion. Recurrent partial focal clonic seizures responded to steroid therapy but relapsed when treatment was discontinued after 2 months. Epilepsia partialis continua developed, and the EEG showed a spike focus complicating the continuous slow activity in the left rolandic region. A repeat MRI showed mild rolandic cortical atrophy. After 2 years, the patient was aphasic, hemiplegic, and mentally deteriorated, and seizures were refractory to antiepileptic drugs, corticosteroids, and alpha globulins. Plasmapheresis was of little benefit. (Capovilla G, Paladin F, Bernadina BD. Rasmussen's syndrome: longitudinal EEG study from the first seizure to epilepsia partialis continua. Epilepsia April 1997;38:483-488). (Reprints: Dr G Capovilla, Department of Neuropediatrics, Ospedale Civile di Mantova, Mantova, Italy).

COMMENT. The EEG may help in the early diagnosis of Rasmussen's syndrome in a child with partial seizures complicated by speech impairment and normal MRI. Focal delta activity without epileptiform spikes may preceed the onset of epilepsia partialis continua by several months.

LANDAU-KLEFFNER SYNDROME: IV g-GLOBULIN RESPONSE

An 8-year-old girl with Landau-Kleffner syndrome failed to respond to antiepileptic drugs and steroids but showed clinical and EEG improvement after intravenous g-globulin therapies at the American University of Beirut School of Medicine, Lebanon. Mumps at 5 years of age was complicated by receptive and expressive aphasia. An EEG showed generalized spike and slow waves, and a trial of valproate (VPA) was ineffective. At 6 years, the neurologic exam, apart from aphasia, the CT and MRI were normal, and the EEG showed almost continuous left-sided spike and slow wave complexes, resistant to VPA, clonazepam, and prednisone. Three courses of iv immunoglobulins, 400 mg/kg/day for 5 days, at 6-month intervals, resulted in a normal EEG and near-normal speech. CSF IgG index, previously increased, returned to normal