

(73%) with 10 or fewer seizures. When patients discontinued AED treatment, 232 of 331 patients overall (70%) remained seizure free. For each pretreatment seizure number greater than one, the number of patients successfully discontinuing medication was the same. Of those treated after a single seizure, 57% were seizure free after AED discontinuation, compared to 72% with more than one pretreatment seizure. Patients with more than 10 pretreatment seizures were more likely to have complex partial seizures (59%) than those with 10 or fewer seizures (16%). (Camfield C, Camfield P et al. Does the number of seizures before treatment influence ease of control or remission of childhood epilepsy? Not if the number is 10 or less. Neurology January 1996;46:41-44). (Reprints: Drs Camfield, IWK Children's Hospital, Box 3070, Halifax, Nova Scotia, B3J 3G9, Canada).

COMMENT. These findings tend to disprove the theory that seizures beget seizures, at least in children permitted to have 10 or fewer seizures before treatment with AEDs is begun. The ease of seizure control and frequency of remission are unaltered if medication is delayed for up to 9 recurrences. Children excluded from this study were those with myoclonus, absence, akinetic, and infantile myoclonic seizures, which are too numerous to count. The introduction of antiepileptic treatment after a first or second seizure in children with generalized tonic-clonic or partial seizures requires further evaluation. Each patient must be considered as an individual, and these findings should be weighed in conjunction with past practices when considering advisability of antiepileptic treatment. Some previous studies have found that risk factors for seizure relapse after withdrawal of antiepileptic treatment have included delay in initiation of therapy. See Progress in Pediatric Neurology I, PNB Publishers, 1991, pp100-104.

AED WITHDRAWAL IN CHILDREN WITH CEREBRAL PALSY

The safety of antiepileptic drug (AED) withdrawal in 65 children with cerebral palsy (CP) who had been seizure-free for at least 2 years was investigated in the Neurology Department, Texas Scottish Rite Hospital for Children, Dallas. Seizure relapses occurred in 27 patients (41%). Those with spastic hemiparesis had the highest relapse rate (61%) and spastic diplegia was associated with the lowest rate (14%). Mental subnormality, epileptiform EEG abnormality, type of CT abnormality, family history of epilepsy, mono or polytherapy, and gender were not correlated with risk of seizure relapse. (Delgado MR et al. Discontinuation of antiepileptic drug treatment after two seizure-free years in children with cerebral palsy. Pediatrics February 1996;97:192-197). (Reprints: Dr MR Delgado, Texas Scottish Rite Hospital for Children, 2222 Welborn St, Dallas, TX 75219).

COMMENT. Despite abnormal neurologic examinations, almost two thirds of these CP patients remained free from seizures for periods of at least 2 years after AED withdrawal. Patients with spastic hemiparesis have the highest relapse rate, and drug withdrawal should be discouraged or attempted only with great caution.

SPECT AND EEG IN LANDAU-KLEFFNER SYNDROME

Five right-handed children with Landau-Kleffner syndrome (LKS) were studied with EEG and single-photon emission computed tomography (SPECT) before and after 6 months of corticosteroid therapy at the Universities of Estadual de Campinas and Sao Paulo, Brasil. EEGs showed both focal and