

patients (20%), more than 50% of recorded spasms were asymmetric or asynchronous. This group of patients showed the most frequent structural and functional brain abnormalities involving the contralateral central region detected by EEG, MRI, PET, and neurological examination. Partial seizures with lateralized motor behavior occurred in 50% of this group compared to only 9% of patients showing asymmetry-asynchrony in less than one third of spasms. Partial seizures were associated with clusters of infantile spasms in 35% of the children in the study. (Gaily EK et al. Asymmetric and asynchronous infantile spasms. Epilepsia Aug/Sept 1995;36:873-882). (Reprints: Dr EK Gaily, Department of Child Neurology, University of Helsinki, Children's Castle Hospital, Lastenlinnantie 2, SF-00250 Helsinki, Finland).

COMMENT. The authors suggest that this combination of asymmetric and/or asynchronous infantile spasms, partial motor seizures involving the same side of the body, and contralateral central region pathology may represent a previously undescribed and unique subset of symptomatic age-specific localization-related infantile epilepsy. The findings support the hypothesis that infantile spasms are generated by the cerebral cortex and the primary sensorimotor cortex is involved in asymmetric and asynchronous spasms.

PREVALENCE OF EPILEPSY IN 10-YEAR-OLDS

The prevalence of epilepsy and seizure types among 10-year-old children in metropolitan Atlanta were ascertained from EEG laboratories and other sources and reported from the Centers for Public Health Research, Battelle; Division of Birth Defects, Center for Disease Control and Prevention; and Children's Epilepsy Center, Scottish Rite Children's Medical Center, Atlanta, GA. For the 538 patients identified, the lifetime prevalence of childhood epilepsy was 6 per 1000 10-year-old children. Boys outnumbered girls, especially among black children. Partial and secondarily generalized seizures accounted for 58% and generalized seizures for 35%. Coexisting developmental disabilities affected 35%. Mental retardation occurred in 30% of whom two thirds were severely retarded, cerebral palsy in 18%, visual impairment in 5%, and hearing impairment in 2%. Forty percent had a first seizure before 2 years of age and 55% before 4 years. (Murphy CC et al. Prevalence of epilepsy and epileptic seizures in 10-year-old children: Results from the Metropolitan Atlanta developmental disabilities study. Epilepsia Aug/Sept 1995;36:866-872). (Reprints: Dr CC Murphy, Centers for Disease Control and Prevention, Division of Birth Defects and Developmental Disabilities, 4770 Buford Highway, Mailstop F-15, Atlanta, GA 30341).

COMMENT. A higher rate for epilepsy of 9.8 per 1000 children <15 years found by Hauser WA, (1994) in Rochester, MN was thought to reflect a more complete case ascertainment in a well-defined stable population. Children with milder forms of epilepsy and those no longer under medical care may have been missed in the Atlanta study. Prevalence rates for active epilepsy may be lower than rates for lifetime prevalence.

IDIOPATHIC GENERALIZED EPILEPSY SYNDROMES

The clinical features of 101 patients with idiopathic generalized epilepsy beginning in adolescence were studied by standardized interview at the Department of Neurology, Austin Hospital, and the Department of Medicine,

The University of Melbourne, Australia. Nonconvulsive seizures (myoclonic or absence) occurred in 84 patients, of whom 75 also had generalized tonic clonic seizures (GTCS). GTCS occurred alone in 17 patients. A group with myoclonic but not absence seizures (21 patients) corresponded to the ILAE syndrome of juvenile myoclonic epilepsy. A group with absence but not myoclonic seizures (37) resembled juvenile absence epilepsy. A group of 26 patients shared the features of juvenile myoclonic and juvenile absence epilepsies. Epilepsy with GTCS on awakening was not a specific entity. Seven patients with only GTCS, occurring neither on awakening nor in the evening period of relaxation, were not included in the current ILAE syndrome classification. (Reutens DC, Berkovic SF. Idiopathic generalized epilepsy of adolescence: Are the syndromes clinically distinct? Neurology August 1995;45:1469-1476). (Reprints: Dr Samuel F Berkovic, Department of Neurology, Austin Hospital, Heidelberg (Melbourne), Victoria 3084, Australia).

COMMENT. The authors conclude that some patients with idiopathic generalized epilepsy of adolescence are not included in the current ILAE syndromic classification and those that correspond to classified syndromes show overlap, suggesting genetic relationships. A substantial group of patients shared features of both juvenile myoclonic and juvenile absence epilepsies.

READING-INDUCED ABSENCE SEIZURES

A 12-year-old girl with a 2-year history of absence seizures induced by reading and diagnosed by video EEG is reported from The University of Texas Southwestern Medical Center, Dallas, and Riyadh Armed Forces Hospital, Saudi Arabia. The reading of complex material especially, either silently or aloud, produced staring episodes lasting several seconds and occasionally followed by headaches. Attacks were one to two a day at first and later increased to five to six daily. Two siblings had a history of febrile seizures. Routine EEG, including hyperventilation and photic stimulation, was normal. Video-EEG showed no spontaneous seizures in a 6-hour baseline period, but hyperventilation induced generalized 3-Hz spike-and-wave discharges and a clinical absence seizure. Reading in Arabic from the Koran for 30 seconds induced an absence seizure lasting 30 seconds. The reading challenge repeated several times at 10-minute intervals induced absences within 30 seconds. Valproate therapy given for 2 years controlled seizures, and she has been seizure-free for 9 months since stopping treatment. The EEG is normal, both during prolonged reading and hyperventilation. (Singh B et al. Reading-induced absence seizures. Neurology August 1995;45:1623-1624). (Reprints: Dr Balbir Singh, Department of Pediatric Neurology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75235).

COMMENT. The electroclinical manifestations and natural history of reading epilepsy in 20 patients was recently reported from the Mayo Clinic (see Ped Neur Briefs May 1995). Seizures were myoclonic, involving orofacial and jaw muscles, and generalized tonic-clonic seizures occurred in 16. The reading epilepsy persisted into late adult life. It responded to valproic acid. The reading-induced absence seizures in the present report appear to be unique and previously unreported. The precipitating stimuli for reading epilepsy are reviewed in Progress in Pediatric Neurology, PNB Publ, 1991, pp 45-46.