

associated with multiple pineal cysts and an ependymal cyst is reported from Marmara University Medical Center, Istanbul, Turkey. Despite total surgical resection of the cysts, spasms persisted. (Ozek E et al. Multiple pineal cysts associated with an ependymal cyst presenting with infantile spasms. Child's Nerv Syst April 1995;11:246-249). (Dr E Ozek, Department of Pediatrics, Marmara University Medical Center, Tophanelioglu cad No 13-15, TR-81190 Altunizade-Istanbul, Turkey).

COMMENT. The authors considered the cysts to be coincidental and not the cause of the infantile spasms. Although ACTH was administered - post-operatively - the response was not noted.

SEIZURE DISORDERS

SELF-INDUCED PHOTOGENIC SEIZURES

The characteristics of photogenic self-induced seizures and their treatment by optical filters in a 2-year-old boy with severe myoclonic epilepsy in infancy are reported from the National Epilepsy Center, Shizuoka Higashi Hospital, Japan. Between 17 and 20 months of age the boy began to induce absences and/or myoclonic jerks by flickering hand movements (FHM) and forced eye closure (FEC). Continuous wearing of a filter decreased the average daily frequency of FHM and, after 10 days, FHM disappeared even without a filter. FHM could also be inhibited by a blank goggle frame, but this placebo effect gradually subsided, while the filter effects were maintained. Optical studies showed that a degree of absorption from 600-700 nm accounted for the filter effect. Blue-tinted contact lenses were tolerated better than goggles and could not be removed. Photosensitivity was gradually reduced and FHMs were not resumed after a period of 6 months, even after removal of the lenses. (Takahashi Y, Seino M et al. Self-induced photogenic seizures in a child with severe myoclonic epilepsy in infancy: Optical investigations and treatments. Epilepsia July 1995;36:728-732). (Reprints: Dr Y Takahashi, Department of Pediatrics, Gifu University School of Medicine, 40 Tsukasa, Gifu 500, Japan).

COMMENT. Tinted contact lenses were effective in reduction of photosensitivity in a 2-year-old child. The authors recommend continuous use of tinted contacts during daytime from morning to evening in young patients with photogenic seizures.

ELECTRONIC SCREEN GAMES AND FIRST SEIZURE

The incidence of a first seizure triggered by electronic screen games in subjects without a history of epilepsy was determined by reviewing reports from 118 EEG departments in Great Britain during two 3-month periods, and analysing the data at the National Society for Epilepsy, Gerrards Cross Bucks, and Department of Clinical Neurophysiology and Institute of Neurology, National Hospital, London, UK. The EEG showed a photoparoxysmal response, or there was clinical evidence of photosensitivity, repeat seizures on further exposure to the games, and/or occipital spikes in the resting EEG. The age range of the majority of patients (103/118) was 7 to 19 years. Within this age group, the annual incidence of first seizures triggered by playing electronic screen games was estimated at 1.5/100,000. (Quirk JA, Fish DR et al. First seizure associated with playing electronic screen games: a community-based study in Great Britain. Ann Neurol June 1995;37:733-737). (Respond: Dr Fish, The National

Society for Epilepsy, Chalfont St Peter, Gerrards Cross Bucks SL9 0RJ, UK).

COMMENT. TV-induced seizures are likely to be less common in America than in Great Britain because of the differences in flicker rate patterns (60 Hz vs 50 Hz). Computers vary in flicker rate, and their tendency to induce seizures is independent of the main frequency. Sleep deprivation was a contributing factor in a significant number of patients in this study. The length of play sessions was not a hazard.

ICTUS EMETICUS AND NONDOMINANT TEMPORAL LOBE

Two patients, aged 18 and 47 years, with ictal vomiting during temporal lobe seizures documented with bilateral depth electrodes are reported from the Department of Neurology, New York School of Medicine, Hospital for Joint Diseases, New York. Vomiting developed when the seizure discharge spread to the right temporal lobe of one patient. In the other patient who was left-handed and had right-hemisphere language dominance, ictal vomiting was associated with a left temporal discharge. These cases supported the localization of ictal vomiting in the nondominant temporal lobe. (Devinsky O et al. Ictus emeticus: Further evidence of nondominant temporal involvement. Neurology June 1995;45:1158-1160). (Reprints: Dr Orrin Devinsky, Department of Neurology, Hospital for Joint Disease, 301 East 17th St, New York, NY 10003).

COMMENT. The authors cite 16 previous reports of ictal vomiting, the first dated 1982, with right temporal foci in 14. In a 1955 report from the Children's Medical Center, Boston, 33 children with cyclic vomiting, 7 (21%) having a history of complex partial or generalized seizures and 25 (76%) with seizure discharges in the EEG, some focal with temporal localization, were thought to have a form of epilepsy. (Millichap JG, Lombroso CT, Lennox WG. Pediatrics 1955;15:705). Ictal vomiting is discussed in Progress in Pediatric Neurology I, Chicago, PNB Publ, 1991, pp46-47.

SERUM PROLACTIN AND NEONATAL SEIZURES

Serum prolactin (PRL) levels were studied in 28 newborn infants with acute encephalopathy (6 with seizures and 22 without) at the Children's Hospital of Philadelphia and St Christopher's Hospital for Children, Philadelphia, PA. Serum PRL was significantly higher at baseline and 15 min postictally in patients with seizures than in the nonictal group, but postictal levels were not different from baseline values. In both groups, patients with abnormal EEG backgrounds had higher PRL levels than those with normal EEG background. (Legido A et al. Serum prolactin in neonates with seizures. Epilepsia July 1995;36:682-686). (Reprints: Dr A Legido, Section of Neurology, St Christopher's Hospital for Children, Erie Ave at Front St, Philadelphia, PA 19134).

COMMENT. Newborns with EEG confirmed seizures, but without clinical manifestations, have high base-line serum PRL levels that do not increase postictally. These findings were contrary to those recently reported by Morales et al (1995) who found that only newborns with electroclinical seizures, not those with subclinical EEG seizures, had a significant postictal increase in PRL. Serum PRL levels correlate with the severity of the acute neonatal encephalopathy, as determined by the EEG background changes.