increased risk of maltreatment (physical abuse, sexual abuse, or neglect), and placement either in foster care or with a substitute caretaker during the first 24 months of life. (Wasserman DR, Leventhal JM. Maltreatment of children born to cocaine-dependent mothers. AJDC Dec 1993;147:1324-1328).

The nonspecific nature of symptoms of cocaine poisoning in infants is stressed in a case-report from Duke University School of Medicine. A 5-month-old male presented with lethargy, unresponsiveness, vomiting, and diarrhea. A urine screen was positive for benzoylecgonine, a cocaine metabolite. (Edell DS, McSwain M. Cocaine poisoning: an easily missed diagnosis in an infant. Clin Pediatr Dec 1993;32:746-747).

An evaluation of the 3-year behavioral and developmental outcome of 93 children exposed prenatally to cocaine and other drugs taken by the mother during pregnancy is reported from the National Association for Perinatal Addiction Research and Education, Chicago, IL. Cocaine exposure predicted poor verbal reasoning on the Stanford Binet. Marijuana exposure predicted poor abstract/visual reasoning. (Griffith DR, Azuma SD, Chasnoff IJ. Three-year outcome of children exposed prenatally to drugs. J Am Acad Child Adolesc Psychiatry Jan 1994;33:20-27). Women who use cocaine during pregnancy also use more tobacco, alcohol, and marijuana than non-cocaine users. When these differences between exposure groups were controlled, there was no significant effect of prenatal cocaine use on infant growth and morphology. (Richardson GA, Day NL. Detrimental effects of prenatal cocaine exposure: Illusion or reality? J Am Acad Child Adolesc Psychiatry Jan 1994;33:28-34).

SEIZURE DISORDERS

VIDEO GAME-RELATED SEIZURES

The manifestations of video game-related seizures (VGRS) in 10 patients aged 1-22 years examined and 25 case-reports reviewed are reported from the University of Washington School of Medicine, Seattle, WA. Prior susceptibility to epilepsy was evident in 8 patients with infrequent nonfebrile seizures, 4 with febrile seizures, and 2 with a positive family history, a total of 14 (40%). VGRS patterns were generalized tonic-clonic in 22 (63%), simple partial in 6 (19%), complex partial in 4 (11%), and absence in 2 (6%). Electroencephalographic epileptic patterns occurred in 11 of 21 patients (52%) and photoparoxysmal responses in 17 of 32 ((53%). Treatment was successful in 11 of 15 (73%) who only abstained from video game playing, in 3 of 6 who continued playing VGs and received anticonvulsant drugs, and 7 of 12 who abstained from VGs and also received AEDs. (Graf WD et al. Video game-related seizures: a report on 10 patients and a review of the literature. Pediatrics April 1994;93:551-556). (Reprints: Dr William D Graf, Division of Congenital Defects, Children's Hospital and Medical Center, 4800 Sand Point Way NE, Mail Stop CH-47, Seattle, WA 98105).

COMMENT. Abstinence from playing or watching video games is the treatment of choice for patients with VGR seizures. Anticonvulsant

medication may be warranted in patients who also have unprovoked seizures. The authors suggest that VGRS are more frequent than commonly recognized.

PERISYLVIAN POLYMICROGYRIA EPILEPTIC SYNDROME

The epileptic spectrum and EEG findings in 31 patients with a congenital bilateral perisylvian syndrome are reported from the University of Alabama at Birmingham and the CBPS Multicenter Collaborative Study Group. The syndrome was characterized by pseudobulbar palsy, cognitive deficits, polymicrogyria and seizures. Associated malformations (eg. arthrogryposis, club feet) were present in 30% patients. Seizures present in 27 (87%) began between 1 month and 14 years of age (mean, 7.9 years). Seizure patterns were varied and mainly consistent with secondary generalized epilepsy; infantile spasms occurred in 4, and partial seizures in 7 (26%). EEG abnormalities were generalized spike and wave and multifocal discharges in 7, and multifocal patterns in 10 (39%). CT and MRI showed symmetric bilateral perisylvian cortical thickening. Seizures were unresponsive to AEDs in 65%. Callosotomy in 7 with intractable epilepsy and drop attacks was partially effective; drop attacks ceased in 4. (Kuzniecky R et al. The epileptic spectrum in the congenital bilateral perisylvian syndrome. Neurology March 1994;44:379-385). (Reprints: Dr Ruben Kuzniecky, Department of Neurology, University of Alabama at Birmingham, UAB Station, Birmingham, AL 35294).

COMMENT. The authors and study group report a developmental syndrome characterized by congenital pseudobulbar palsy, epilepsy, mental retardation, and perisylvian polymicrogyria. Patients with drop attacks may respond to callosotomy when antiepileptic drugs are ineffective.

SOMATOSENSORY EVOKED SPIKES AND EPILEPSY

The relation between EEG paroxysms evoked by tapping of feet or hands (ES), seizures and epileptic syndromes in 186 children is reported from the Department of Neuropsychiatry, Pontificia Universidade Catolica de Campinas, Brazil. Febrile convulsions alone occurred in 31 (17%) and nonfebrile seizures in 44 (24%); 111 were without seizures. The incidence of epileptiform activity in the EEG among these 3 groups with somatosensory evoked spikes (ES) was as follows: 89% for those with epilepsy, 81% for children with febrile convulsions, and 40% for the nonepileptic group. Nonfebrile convulsions occurred in 24 (19%) of 127 patients with ES compared to only 12 (9%) in a control group with normal EEG. Epileptic syndromes associated with ES included benign childhood epilepsy with centrotemporal spikes in 12 (27%), localization related symptomatic in 4 (9%), and cryptogenic in 22 (50%). (Fonseca LC, Tedrus GMA. Epileptic syndromes in children with somatosensory evoked spikes. Clin Electroencephalogr April 1994;25:54-58). (Reprints: Lineu C Fonseca MD, Rua Sebastiao de Souza 205, cj. 122, CEP-13.020.020, Campinas-Sao Paulo, Brazil).

COMMENT. These authors have previously reported an association between febrile convulsions and somatosensory evoked spikes, mainly in children with epileptiform activity in the EEG. The present study confirms this finding for nonfebrile convulsions by comparing patients with ES and a control group with normal EEG. Children with