Hospital das Clinicas da Faculdade de Medicina da USP, Sao Paulo -SP-05403, Caixa Postal 30657, Brazil).

COMMENT. For newborns and infants < 3 months who require *phenytoin*, the recommended loading dose is 12-20 mg/kg and the maintenance dose is 2-4 mg/kg/d, with 8-12 hr dosing intervals (Leppik IE. Epilepsia 1992;33, Suppl 4:S32). Phenytoin levels may be modified by phenobarbital because of an increased metabolism during chronic therapy. Phenytoin elimination half-life varies with age: preterm neonate 75 hr; neonate 21 hr; infant and child 7 h; and adult 24 h.

VASCULAR DISORDERS

CEREBROVASCULAR ABNORMALITIES AND CELIAC DISEASE

Cortical vascular abnormalities including pial angiomatosis and fibrosis of small veins are described in a 12 year old girl with celiac disease, occipital calcifications, and folate deficiency who underwent surgery for intractable complex partial seizures at the Montreal Neurological Institute, Canada. She was first diagnosed with Sturge-Weber syndrome without nevus flammeus. A right occipital resection was performed and was followed by seizure remission. Subsequently, low folic acid levels and iron deficiency anemia led to a diagnosis of celiac disease. Antigliadin antibodies were 182 arbitrary units (normal: < 25), and small bowel biopsy showed villous atrophy. A gluten-free diet with folate, vitamin E, and iron supplementation resulted in improved appetite and weight increase. (Bye AME et al. Cortical vascular abnormalities in the syndrome of celiac disease, epilepsy, bilateral occipital calcifications, and folate deficiency. Ann Neurol Sept 1993;34:399-403). (Respond: Dr Anderman, Montreal Neurological Hospital, 3801 University St, Montreal, Quebec, Canada H3A 2B4).

COMMENT. The pathological abnormalities in this case were considered similar but not identical to those in Sturge-Weber syndrome. A syndrome of celiac disease, epilepsy, and cerebral calcifications, resembling Sturge-Weber syndrome, has been reported frequently, especially in Italy (Gobbi G et al. Lancet 1992;340:439; Tiacci C et al. Epilepsia 1993;34:528; Piattella L et al. Child's Nerv Syst 1993;9:172.).

Patients with occipital cerebral calcification of unknown cause and patients with celiac disease should receive an EEG, followed by an MRI if the EEG is abnormal. A new, rapid, noninvasive screening test for celiac disease, a strip-AGA (antigliadin antibody) test, performed on a drop of whole blood, is described from the Instituto per l'Infancia, Trieste, Italy (Not T et al. J Pediat Sept 1993;123:425-7).