Psychomotor seizure patterns in 71% of those with epilepsy were associated with temporal lobe EEG focal abnormalities. Infantile spasms and hypsarrhythmia occurred in 3 cases. Organic brain factors included perinatal asphyxia or hemorrhage, progressive encephalopathy, fragile X syndrome and tuberous sclerosis. The authors conclude that autistic behavior and epilepsy probably reflect underlying brain dysfunction and are not causally related. (Olsson I et al. Epilepsy in autism and autistic-like conditions. A population-based study. Arch Neurol June 1988;45:666-668).

COMMENT. The association of autistic behavior with epilepsy and mental retardation in children is not uncommon. Some have a previous history of infantile spasms caused by tuberous sclerosis. In this group of cases the epilepsy is primary and the autism secondary. The authors of the above study correctly distinguish between these cases referred to as autistic-like conditions and those in whom infantile autism is primary and precedes the development of epilepsy.

Adults with left-sided epileptogenic temporal lobe lesions may be at a greater risk of developing schizophrenia-like psychoses than those with right-sided lesions (Sherwin I. Acta Psychiatr Scand 1984;69 (Suppl 313):92). A review of the EEG findings in children with autism and epilepsy in the above study showed that of 10 with temporal lobe foci, 5 were left-sided, 4 right-sided and 1 bilateral. Of the 5 with left-sided foci, 3 had infantile autism and 2 were classifed as autistic-like in behavior.

INFECTIOUS DISEASES

PERTUSSIS IMMUNIZATION AND CONVULSIONS

A follow-up study of 18 infants and children who suffered convulsions (9 cases) or "hypotonic-hyporesponsive" episodes (9 cases) within 48 hours following DTP immunization was conducted in the Depts of Pediatrics, UCLA Hospital and Clinics, and the Kaiser Permanente Medical Group, Los Angeles, CA. After an interval of 6 to 7 years, of 16 children contacted and considered normal by the parents, 2 had delayed language or a speech problem, 1 was a grade behind in school, 1 was hyperactive and required dexedrine, 4 (31%) of 13 tested had minor neurological abnormalities, 6 (46%) had full-scale IQ scores below 90, and 7 (54%) had below average verbal IQ scores that the authors explained by the proportion of Hispanic and bilingual children in the sample. It was concluded that none of the 16 children suffered any serious neurologic damage as a result of either convulsions or "hypotonic-hyporesponsive episodes related to prior DTP immunizations. (Baraff LJ et al. Infants and children with convulsions and hypotonic-hyporesponsive episodes following diphtheria-tetanus-pertussis immunization: Follow-up evaluation. Pediatrics June 1988;81:789-794).

COMMENT. A previous study quoted in the article failed to demonstrate IQ deficits following febrile seizures (Ellenberg JH, Nelson KB. Arch Neurol 1978;35:17). The low IQ scores recorded at follow-up in approximately 50% of the children with seizures related to DTP immunization might suggest a febrile seizure of the complex type with residual brain pathology. This possibility was discounted because the present study population included 7 (44%) Hispanic and 3 (19%) bilingual children, although all spoke English at school.