pointe (paroxysmal ventricular tachycardia), and ictal asystole. Asystole has a role in sudden unexplained death in epilepsy.

Ictal asystole and anti-NMDAR antibody encephalitis. Ictal asystole is recently reported as a complication of anti-NMDAR encephalitis. In this 15-year-old girl, seizures with asystole developed 26 days after initial presentation of symptoms and temporal lobe seizures that were associated with bradycardia. After insertion of a demand pacemaker on day 46, there were no further cardiac events. (Millichap JJ, Goldstein JL, Laux LC, Nordli DR, Stack CV, Wainwright MS. **Pediatrics** 2011;127(3):e781-6). In this case, asystole occurred at the onset of the illness and was not explained by a prolonged recurrence of seizures.

FUNCTIONAL NEUROIMAGING IN STARTLE EPILEPSY

Researchers at the Epilepsy Unit, Hospital Clinic de Barcelona, Spain investigated brain areas involved in startle-induced seizures, using a functional neuroimaging approach in 4 adult patients whose seizures began at age 4 months to 10 years. Presurgical evaluation included ictal SPECT coregistered to MRI. Startle-induced seizures were bilateral asymmetric tonic with ictal-EEG pattern located over the mesial centroparietal region. Three patients had a significant hyperperfusion (> 2 SD above the reference) involving the supplementary motor area, the perirolandic area, and precuneus. Ictal EEG-fMRI showed an initial activation located over the precuneus, supplementary motor area, cingulate gyrus, and the precentral/perirolandic area. Startle-induced seizures triggered by unexpected stimuli are generated by the interaction of a frontoparietal network located over the mesial brain surface. (Fernandez S, Donaire A, Maestro I, et al. Functional neuroimaging in startle epilepsy: Involvement of a mesial frontoparietal network. **Epilepsia** Sept 2011;52(9):1725-1732). (Respond: Santiago Fernandez MD, E-mail: santiago.fernandez@hospitalplato.com).

COMMENT. Startle epilepsy is triggered by unexpected stimuli, generally a sudden noise, somatosensory, or visual stimuli. First described by Alajouanine and Gastaut (1955), and included in the ILAE classification 2001. A frontoparietal epileptic network is involved, and not a discrete focus.

ATTENTION DEFICIT COMORBID DISORDERS

WRITTEN-LANGUAGE DISORDER AND ADHD

Researchers at Mayo Clinic, Rochester, MN, and Children's Hospital Boston, MA evaluated the incidence rates of written-language disorder (WLD), with and without reading disability (RD), according to gender, among children with and without attention deficit hyperactivity disorder (ADHD) in a population-based birth cohort. The cumulative incidence of WLD by 19 years of age was significantly higher for children with ADHD than for children without ADHD, for both boys and girls (boys: 64.5% vs 16.5%; girls: 57.0% vs 9.4%). In contrast, among children without ADHD, the

cumulative incidences of WLD were higher for boys than girls (boys: 16.5%; girls: 9.4%). Subjects with ADHD were more likely to be male, to be white, to have mothers with fewer years of education, and to have younger mothers at birth compared with subjects without ADHD. Perinatal factors were not different among children with and without ADHD in this cohort.

ADHD was significantly associated with an increased risk of WLD with RD for both boys and girls. However, the magnitude of increased risk for WLD associated with ADHD was significantly greater for girls than for boys (hazard ratio: girls: 9.8; boys: 4.2; p< .001). Without RD, boys and girls are at the same risk of having WLD (hazard ratio: girls: 7.4; boys: 8.6; p= .64). (Yoshimasu K, Barbaresi WJ, Colligan RC, et al. Written-language disorder among children with and without ADHD in a population-based birth cohort. **Pediatrics** September 2011;128(3):e605-e612). (Respond: Slavica K Katusic MD, Mayo Clinic, Division of Epidemiology, 200 First St SW, Rochester, MN 55905. E-mail: katusic.slavica@mayo.edu).

COMMENT. In a Rochester-Olmsted County, MN-based cohort of children, ADHD is associated with an increased risk of WLD for both boys and girls. The risk of WLD with RD associated with ADHD is higher in girls than in boys. In ADHD children having WLD without RD, boys and girls are at the same risk of having WLD. Neuropsychological evaluation of children with ADHD should include tests for written language and reading. The AAP recommends tests for coexisting conditions in children with ADHD. Regrettably, the availability of such evaluations for LD in many US school populations is drastically diminished in recent months, and specific remedial education for LD and RD in public schools is often wanting.

OBSESSIVE-COMPULSIVE DISORDER COGNITIVE BEHAVIOR THERAPY

Researchers at University of Pennsylvania School of Medicine, Duke University, Brown, Michigan, and University of Massachusetts, Worcester, as members of the Pediatric-OCD Treatment Study II (POTS II) Randomized Controlled Trial, examined effects of augmenting serotonin reuptake inhibitor (SRI) treatment with short-term cognitive behavior therapy (CBT) in 124 pediatric outpatients, 7 to 17 years of age, with a primary diagnosis of OCD. A positive response to treatment was an improvement in a Children's Yale-Brown OCD Scale score by 30% or more over 12 weeks. Medication management plus 14 concurrent training sessions in CBT (68.6% responders) was superior to medication only (30% responders) or medication plus instruction in CBT only (34% responders). The plus CBT training session group was superior to the other 2 groups (P <.01 for both). The plus CBT instruction group was not statistically superior to medication only group (P=.72). (Franklin ME, Sapyta J, Freeman JB, et al. Cognitive behavior therapy augmentation of pharmacotherapy in pediatric obsessive-compulsive disorder. The Pediatric OCD Treatment Study II (POTS II) randomized controlled trial. **JAMA** Sept 21, 2011;306(11);1224-1232). (Respond: Martin E Franklin PhD, 3535 Market St, Ste 600, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA 19104. E-mail: marty@mail.med.upenn.edu).