dismissed by his senior colleague, Kinnear Wilson, who regards narcolepsy as a syndrome with several different causes, traumatic, endocrine, epileptic, toxi-infective, circulatory, tumor, and idiopathic. Neither Adie nor Kinnear Wilson refers to hyposmia in their account of narcolepsy-cataplexy disorder, but they did locate the pathology in the floor of the third ventricle in symptomatic cases. (Compston A. **Brain** Oct 2008;131:2532-2535).

ELECTROENCEPHALOGRAPHY

PROGNOSTIC VALUE OF EEG IN ASPHYXIATED NEWBORNS TREATED WITH HYPOTHERMIA

Researchers at Children's Hospitals in Milan, Italy, determined the prognostic value of electroencephalographic patterns in 23 newborns with severe perinatal hypoxic-ischemic encephalopathy, treated with hypothermia. EEG monitoring was obtained within 48 hours after birth, and at follow-up at ages 1 week, 1 month, 3-6 months, and 1 year. EEG background activity was classified as follows: 1) inactive pattern; 2) severe low-voltage continuous pattern; 3) trace alternant-like, discontinuous pattern; and 4) monomorphic middle-voltage, continuous 30-100mcV activity, with poor spatial and sleep-state organization. Pattern 1 (inactive) in the first 48 hrs was associated with death or severe neurologic sequelae. Pattern 2 (low-voltage continuous) at age 1 week indicated a poor prognosis, and the persistence of EEG abnormalities in 67% patients at age 1 month was associated with a higher risk of neurologic sequelae. A normal EEG at age 1 month was associated with a favorable outcome at age 1 year. After 1 month of age, the EEG is less sensitive but more specific in prediction of outcome, due to the natural trend toward normalization with age. At age 1 year, 52% infants had normal neurologic examinations, 13% had minor sequelae, and 17% major sequelae; 17% had died within 1 month of age. (Mariani E, Scelsa B, Pogliani L, Introvini P, Lista G. Prognostic value of electroencephalograms in asphyxiated newborns treated with hypothermia. **Pediatr Neurol** Nov 2008;39:317-324). (Respond: Dr Scelsa, Department of Child Neurology, Vittori Buzzi Children's Hospital, Via Castelvetro 32, 20154 Milan, Italy. E-mail: b.scelsa@icp.mi.it).

COMMENT. These results confirm previous findings that background EEG abnormalities detected in newborns soon after hypoxic-ischemic encephalopathy are predictive of outcome, even in patients treated with hypothermia.

AMPLITUDE-INTEGRATED EEG IN THE NEWBORN

Th value of amplitude-integrated electroencephalography (aEEG) in the newborn is explored by researchers at Washington University, St Louis; Wilhelmina Children's Hospital, Utrecht, Netherlands; and Uppsala University Hospital, Sweden. The system was originally designed to monitor lower amplitude signals of 1 to 10 mcV and depressed cerebral activity in adults undergoing bypass surgery, as well as seizure activity. Meta-analysis has confirmed that the aEEG pattern in the first 6 hours of life of term newborns with hypoxic-ischemic encephalopathy is strongly predictive of outcome. Pattern-recognition may be more reliable than amplitude in the evaluation of aEEG. The electrode placement over parietal areas,