without neurological deficits (57% vs 26%). (Camfield C, Camfield P. Preventable and unpreventable causes of childhood-onset epilepsy plus mental retardation. **Pediatrics** July 2007;120:e52-e55). (Respond: Peter Camfield MD, IWK Health Centre, PO Box 9700, 5850 University Ave, Halifax, Nova Scotia, Canada B3K 6R8).

COMMENT. One in 5 children with epilepsy in Canada is mentally retarded. Two thirds have a prenatal or genetic cause, and only 7% have an acquired preventable cause. Epilepsy and mental retardation appear to have a common cause, and mental retardation is not the result of the epilepsy. Genetic factors are important in etiology, 50% of those with no clear cause having a positive family history. The authors comment that the prevalence of a defined cause would probably be greater if the study had involved a later time period when MRI became more readily available.

PROGNOSIS OF CRYPTOGENIC PARTIAL SEIZURES

Factors that influence the prognosis of cryptogenic partial seizures were determined in 233 patients (136 male, 97 female) followed at the outpatient clinic of Shanghai Xin Hua Hospital, Shanghai, China. The mean age of seizure onset was 6 years (range, 3 months to 12 years), and the mean duration of follow-up was 4.5 years (range, 2-13 years). Partial seizures were simple in 41 (17.6%), complex in 162 (69.5%), and complex partial/generalized in 30 (12.9%). Antiepileptic drugs were used as monotherapy in 194 patients, and polytherapy in 39 (2 drugs in 29 and 3 or more in 10). Response was good in 198 (85%): complete control in 71.7%, reduction of seizures of >50% in 13.3%, and poor or no response in 15%. The prevalence of poor control was correlated with young age of onset (28% of 50 children <3 years age vs 8% of 183 >3 years; P=0.03). Poor control was also related to seizure frequency (P<0.001), and seizure type (P<0.001); control was worse in those with >3 seizures/month, and in patients with partial seizures and secondary generalization. No correlation was observed between the location of an EEG focal abnormality and response to therapy. In 24 patients (10% of series) with autonomic symptoms, similar to Panayiotopoulos syndrome, the prognosis was not different from that of patients with motor symptoms. Seizure prognosis was not related to duration of seizure disorder, time to starting seizure treatment, and total number of seizures before treatment. (Wang Z, Qi L, Song X. Prognosis and predictive factors of partial seizures in children. **Pediatr Neurol** July 2007;37:16-20). (Respond: Dr Wang, Shanghai Children's Medical Center, 1678 Dongfang Road, Shanghai 200127, China).

COMMENT. Young age at seizure onset, a high initial seizure frequency, and partial seizures with secondary generalization are predictors of a poor response to antiepileptic medication in children with partial seizures.

HUMMING AND SINGING IN PARTIAL SEIZURES

The frequency and anatomic localization of musical automatisms (MA) among 416 patients with partial seizures admitted for video-EEG recording and presurgical evaluation are reported from Timone Hospital, Marseille, France. Seven (1.4%) patients, 2 children and 5 adults, met criteria for MA. MA consisted of humming in 5 patients and singing in 2.