sclerosis in 2. Accurate clinical identification of both types of seizures was not made without resort to video EEG. (Donat JF, Wright FS. Simultaneous infantile spasms and partial seizures. J Child Neurol July 1991; 6:246-250).

COMMENT: The authors refer to only one previous account in the literature of the simultaneous occurrence of the two seizure types (Hrachovy RA et al. Epilepsia 1984; 25:317-325). The concurrence of these seizures might support both cortical and subcortical mechanisms in the genesis of infantile spasms. Information on the relative effect of ACTH and other forms of treatment of these seizure types would be of interest.

A long term follow-up study of 42 patients with West syndrome treated with high doses of sodium valproate is presented from the Neuropaediatric Unit, Hospital de Ctuces, Bilbao, Spain. The hypsarrhythmia EEG pattern was controlled after two weeks treatment with VPA 100 to 300mg/kg/daily. In 80% of patients relapses occurred most often in those treated with doses lower than 200 mg/kg/day. Other types of seizures developed in 50% of patients followed beyond two years of age. Side effects included thrombocytopenia, vomiting and somnolence. Hepatic enzymes were elevated in 3 patients and returned to normal when treatment was ended (Prats JM et al. Dev Med Child Neurol August 1991; 33:617-625). The authors recommend that high dose valproate requires careful monitoring and admission to hospital. Somnolence, vomiting, thrombocytopenia and coagulation defects are of concern and warrant further evaluation before more wide acceptance of this therapy.

SEIZURES AND PARTIAL HYPOPARATHYROIDISM

Neonatal hypocalcemia and seizures in three infants who developed recurrence of hypocalcemia later in childhood are reported from the Department of Paediatrics, The Hospital for Sick Children, Toronto, Ontario, Canada. Hypocalcemia resolved in 1 week, 3 months, and 14 months and recurrences were noted at 4, 7 and 12 years of age. Plasma parathyroid hormone concentrations were low but detectable. One patient born full term with normal birth weight became irritable and developed tonic-clonic convulsions on the first day of life. The plasma calcium was 1.43 mmol/L; magnesium, 0.86 mmol/L; and phosphate 1.95 mmol/L. She was hospitalized again at 4 weeks of age for asymptomatic hypocalcemia. Except for generalized development delay first noted at 7 months of age, she had no clinically important illness until 12-1/2 years of age when she experienced difficulty bending her fingers and numbness of her hands and feet. Several months later, following a minor viral illness, she lost consciousness while watching television and developed convulsions. The plasma calcium was 1.35 mmol/L and ionized calcium 0.69 mmol/L. She has received therapy with calcitriol for the last 3 years and has maintained a normal plasma calcium concentration. In patients 2 and 3 the childhood hypocalcemia developed gradually over several years. The authors caution that congenital

hypoparathydroidism is not always transient, neonatal hypocalcemia may signal permanent partial hypoparathyroidism, and hypocalcemia in an otherwise normal neonate should be followed up with blood calcium measurements during childhood and adolescence. (Kooh SW, Binet A. Partial hypoparathyroidism. A variant of transient congenital hypoparathyroidism. A J D C August 1991; 145:877-880).

COMMENT: The authors note that DiGeorge syndrome most closely resembles congenital partial hypoparathyroidism and includes immunologic and cardiac abnormalities. Patients with MEDAC (multiple endocrine deficiency, Addison's disease, and candidiasis) may also have partial parathyroid hormone deficiency.

MYASTHENIA GRAVIS

ELECTRODIAGNOSTIC TESTS FOR MYASTHENIA GRAVIS

The value of electrodiagnostic tests in 21 children with myasthenia gravis (MG) is reported from the EMG Department, Hospital Neurologique et Neurochirurgical Pierre Wertheimer, Lyon, France. Repetitive stimulation (RS) of the ulnar nerve induced a significant decrement in 3 of 4 patients with neonatal MG tested between 3 and 30 days of age. The overall percentage of positive RS tests was 88% in 12 patients with juvenile MG. Standard ulnar nerve RS and ischemic test (IT) procedures were positive in 41% and 66% of childhood patients, respectively. The proximal RS (spinal or axillary nerves) or facial RS was performed in 10 patients and was positive in 7. (Vial C et al. Myasthenia gravis in childhood and infancy. Usefulness of electrophysiologic studies. Arch Neurol August 1991; 48:847-849).

COMMENT: This study demonstrates the usefulness of electrodiagnostic methods in both infants and children with myasthenia gravis. The RS test is particularly valuable in infants suspected of MG who have negative edrophonium chloride tests.

The aggravation of myasthenia gravis by erythromycin is described in a 15 year old girl at the Departments of Neurology and Pediatrics, University of Iowa College of Medicine, Iowa City (Absher JR, Bale JF Jr. J Pediatr July 1991; 119:155-156). Acute respiratory failure occurred during intravenous infusion of erythromycin given for a bacterial respiratory infection. A neurologic consultation revealed a gradually increasing weakness during the preceding 6-12 months, with diplopia on several occasions and a nasal voice. Endrophonium chloride 1 mg IV caused dramatic improvement in ptosis, arm strength and speech and pyridostigmine provided a substantial benefit initially. She relapsed six months later and underwent thymectomy. A close temporal relationship between erythromycin and worsening of myasthenia gravis was reported in one previous patient (May EF, Calvert PC. Ann Neurol 1990; 28:577-9).