Cabanac et al, 2004; cited by authors). The cause of the head nodding epilepsy syndrome in Tanzania and Sudan remains unclear. Alternative explanations offered include hippocampal sclerosis, and genetic susceptibility. Evidence of CNS invasion by *O. volvulus* was not supported by CSF PCR tests.

Onchocerciasis (River Blindness, Filariasis) involves skin, subcutaneous tissue, lymphatic vessels and the eyes. The AAP Red Book, 27th ed. 2006 makes no mention of CNS invasion or epilepsy as a complication of onchocerciasis. Ivermectin, a microfilarial agent, and doxycycline are the drugs of choice for treatment of the infestation. Only anticonvulsant drug treatment is discussed in the article on HN syndrome. The effect of treatment with ivermectin on seizure frequency might be of interest.

CARBAMAZEPINE-INDUCED HYPERSENSITIVITY SYNDROME AND ROLE OF HHV-6 REACTIVATION

A 14-year-old Japanese boy with localization-related epilepsy and carbamazepine (CBZ)-induced hypersensitivity syndrome is reported from Ehime University School of Medicine, Japan. He developed a maculopapular rash and low-grade fever after 3 weeks of CBZ therapy. CBZ was discontinued and systemic corticosteroid (1 mg/kg/day) started. The rash spread to become diffuse, WBC increased with 19% atypical lymphocytes and 24% eosinophils. Improvement started on day 11, but relapse followed on day 15 with high fever, purpura, abdominal discomfort and liver dysfunction. AST and ALT were markedly elevated. On day 19, blood PCR was positive for HHV-6 DNA, and HHV-6 was isolated from peripheral blood mononuclear cells. On day 26, the anti-HHV-6 immunoglobulin G (IgG) titer was increased by 5,120-fold. Symptoms gradually subsided, and corticosteroid was discontinued without sequelae. Seizures did not recur during a 6-month follow-up and alternative anticonvulsant therapy was not required. (Suzuki Y, Fukuda M, Tohyama M, Ishikawa M, Yasukawa M, Ishii E. Carbamazepine-induced drug-induced hypersensitivity syndrome in a 14-year-old Japanese boy. **Epilepsia** Dec 2008;49:2118-2121). (Respond: Dr Yuka Suzuki, Department of Pediatrics, Ehime University School of Medicine, Shitsukawa, Toon, Ehime 7910295, Japan. E-mail: yusuzuki@m.ehime-u.ac.jp).

COMMENT. The treatment of anticonvulant drug-induced hypersensitivity syndrome (DIHS) is controversial, except for the discontinuance of the drug. The association with HHV-6 reactivation may discourage the use of immunosuppressive therapy that may worsen the infectious complications of DIHS. Alternative treatments, especially in patients with liver dysfunction, include immunoglobulin and plasmapharesis. The successful use of N-acetylcysteine and intravenous immunoglobulin is reported in an adult with DIHS and liver dysfunction induced by phenytoin. (Cumbo-Nacheli G, Weinberger J, Alkhalil M, Thati N, Baptist AP. Anticonvulsant hypersensitivity syndrome: Is there a role for immunomodulation? **Eoilepsia** Dec 2008;49:2108-2112).