

PEDIATRIC NEUROLOGY BRIEFS

A MONTHLY JOURNAL REVIEW

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Vol. 8, No. 5

May 1994

SEIZURE DISORDERS

ANATOMY OF *DEJA VU* IN TEMPORAL LOBE EPILEPSY

Sixteen patients, ages 16 to 32 years, implanted with depth electrodes at Hopital Saint-Anne, Paris, France, had experienced a dreamy state (*deja-vu - deja vecu*, memories of complete scenes, or vague reminiscence) during stereotactic EEG (SEEG). Seizures had been present from 2 to 25 years, they began before the age of 10 years in 50% of patients, and occurred at least once a week. Etiological factors included neonatal injury (6), febrile convulsion (1), tumors (3). Most patients had dreamy states in their spontaneous seizures; the amygdala, anterior hippocampus, and temporal neocortex were all involved in recordings. They were also evoked by stimulation of the temporal neocortex (88%), anterior hippocampus (83%), or amygdala (73%). The superior temporal gyrus was more responsive than the middle temporal gyrus. (Bancaud J, Halgren E et al. Anatomical origin of *deja vu* and vivid 'memories' in human temporal lobe epilepsy. Brain Feb 1994;117:71-90). (Respond: Dr E Halgren, Clinique Neurologique, CHRU Pontchaillou, 35033 Rennes Cedex, France).

COMMENT. *Deja vu* and other dreamy states in patients with temporal lobe epilepsy may originate in and involve both medial and lateral aspects of the temporal lobe and especially the anterior hippocampus, amygdala and superior temporal gyrus.

RISK FACTORS FOR FEBRILE SEIZURE RECURRENCE

The relation between postulated risk factors and seizure recurrence after a first febrile seizure (FS) was assessed by reanalysis of pooled data from five centers and follow-up studies and reported from the Sophia Children's Hospital, Rotterdam, The Netherlands. Of 2496 children with 1410 episodes of recurrent seizures, 32% had one, 15% had two, and 7% had three or more recurrent seizures after a first FS; 7% had a complex FS. The risk of FS recurrence was increased at ages 12 to 24 months, after a first and second recurrence, with a family history of seizures, and following FSs with a relatively low temperature (<40°C). The risk of complex FS was increased if

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