OPSOCLONUS MYOCLONUS PRESENTING AS STATUS EPILEPTICUS

Two cases of non-epileptic opsoclonus presenting as status epilepticus are reported fom the John Radcliffe Hospital, Oxford, UK. Jerking of eyes and limbs were initially explained as suspected encephalitis, and the patients were treated for seizures with anticonvulsants and anesthetic intubation, but without benefit. EEGs showed no epileptic discharges. A diagnosis of opsoclonus myoclonus was made in both cases, and treatment with adrenocorticotropic hormone (40 IU/day) in one and prednisolone (4 mg/kg/day) in the other resulted in rapid resolution of symptoms. No neoplasm or infectious agent was identified, and neither patient has relapsed or shown developmental delay. Video footage of both patients showing florid jerking suggestive of status epilepticus is presented on line. (Haden SV, McShane MA, Holt CM. Opsoclonus myoclonus: a non-epileptic movement disorder that may present as status epilepticus. **Arch Dis Child** 2009;94:897-899). (Respond: Dr Sarah V Haden, Community Paediatrics Department, Level LG 1, Children's Hospital, John Radcliffe Hospital, Headley Way, Oxford OX3 9DG, UK. E-mail: sarah.haden@orh.nhs.uk).

COMMENT. The electroencephalogram is indispensable in the distinction of non-epileptic paroxysmal disorders from epileptic seizures and in the diagnosis of nonconvulsive status epilepticus and an encephalopathic process. (Markand ON. Pearls, perils, and pitfalls in the use of the electroencephalogram. **Semin Neurol** 2003;23(1):7-46).

Outcome of opsoclonus-myoclonus studied in 11 patients at Children's Memorial Hospital, Chicago found that 9 of 10 treated with ACTH had recurrence of symptoms during a gradual withdrawal of ACTH; prednisone in one patient was ineffective in controlling opsoclonus-myoclonus. Eight had developmental delay with motor incoordination and speech delay (7 with neuroblastoma and 1 without). Tumor removal did not improve symptoms. One of 8 with tumor and 2 of 3 with no tumor had normal neurologic development. (Hammer MS, Larsen MB, Stack CV. **Pediatr Neurol** 1995;13(1):21-24).

INFANTILE CONVULSIONS AND RETINAL HEMORRHAGES

The prevalence of retinal hemorrhages in infants presenting with convulsions was studied at Hospital Universitari Sant Joan de Deu, Barcelona, Spain. Of 389 children seen in the accident and emergency epartment with convulsions, 182 aged 15 days to 2 years were admitted with a first convulsion over a 2-year period (May 2004-May 2006), and 2 had retinal hemorrhages. All infants were examined within 72 hours of admission by an ophthalmologist using indirect ophthalmoscopy. Both infants with retinal hemorrhages were diagnosed with shaken baby syndrome. Convulsions alone are unlikely to cause retinal hemorrhages in children <2 years of age. (Curcoy AI, Trenchs V, Morales M, Serra A, Pineda M, Pou J. Do retinal hemorrhages occur in infants with convulsions? **Arch Dis Child** 2009;94:873-875). (Respond: Dr Ana Isabel Curcoy, Paseig Sant Joan de Deu, 2, 08950 Esplugues de Llobregat, Barcelona, Spain. E-mail: acurcoy@hsjdbcn.org).

COMMENT. A similar prospective study at Sackler School of Medicine, Tel Aviv University. Israel examined 153 children (aged 2 months to 2 years) in the ED after a

convulsive episode. One child was found with unilateral retinal hemorrhages following a simple febrile convulsion. No other reason for the hemorrhage was uncovered. It was concluded that retinal hemorrhages following a convulsive episode are rare and should trigger a search for other causes, including child abuse. (Mei-Zahav M et al. Convulsions and retinal hemorrhages: should we look further? **Arch Dis Child** 2002;86(5):334-335).

In 2 cases of infants with hyponatremic seizures examined at Franklin Square Hospital, Baltimore, MD, retinal hemorrhages were an unexpected finding. Long bone fractures and subdural hematoma were associated in one case of shaken baby syndrome, and cerebral edema in case 2 was presumed to be the result of child abuse. Children with hyponatremic seizures are often neglected and are at risk of other forms of child abuse. (Krugman SD, et al. **Pediatr Emerg Care** 2000;16(6):432-434).

BENIGN ROLANDIC EPILEPSY AND LEARNING DISABILITIES

Neuropsychological impairments in 35 children with rolandic epilepsy, and the relationship to electroencephalographic findings, were studied at Ege University, Izmir, Turkey. Patients showed significant impairments of visuomotor and reading ability and attention to verbal stimuli compared to controls. Reading disability persisted on follow-up, despite resolution of EEG seizure discharges and remission of seizures. Cognitive disorders were not related to antiepileptic drugs, and occurred in untreated subjects. Patients should be followed to identify learning problems. (Ay Y, Gokben S, Serdaroglu G, et al. Neuropsychological impairment in children with rolandic epilepsy. **Pediatr Neurol** Nov 2009;41:359-363). (Respond: Dr Ay, Department of Pediatrics, Faculty of Medicine, Ege University, 35100 Izmir, Turkey. E-mail: dryilmazay@yahoo.com).

COMMENT. Contrary to the so-called benign nature of BECTS, the disorder is sometimes associated with learning disabilities, especially reading problems, while a normal IQ is preserved.

Impairment in attention in rolandic epilepsy evaluated in 14 studies published between 1990 and 2006, in a study at Columbia University, NY, found at follow-up when the EEG had normalized, that attention problems had almost completely resolved. (Kavros PM et al. **Epilepsia** 2008;49:1570-1580; **Ped Neur Briefs** Oct 2008;22(10):77-78). Rolandic spikes may aggravate the course of ADHD and predispose to increased impulsivity (Holtmann M et al. **Brain Dev** 2006;28:633-640).

ATTENTION DEFICIT DISORDERS

RATINGS OF ATTENTION PROBLEMS IN ADHD: A CONTINUUM

To determine whether ADHD should be classified in three distinct DSM-IV diagnostic subtypes or a continuum of attention problems, maternal ratings of attention on the Child Behavior Check List (CBCL), in Durch boys at age 7, 10, and 12 years, were fitted to class models, assuming either subtype or severity differences. The fit of the models to the data is compared, to determine which model is appropriate. Researchers at the Universities of Notre Dame, IN; Vermont; Utrecht; and Amsterdam conducted the study. At all three ages