

Intensive Care Unit, University Hospital, Lund, Sweden. Seizures recurred in only 3 cases (8.3%): in 1 infant receiving prophylaxis, 1 treated for 65 days, and in 1 treated for 6 days. Seizure recurrence was not significantly related to structural brain changes, nor to epileptiform activity in the EEG during the 30 days after the first seizure. No infant with a normal neonatal EEG had seizure recurrence. In infants with a few neonatal seizures and a normal EEG, AEDs can be withdrawn soon after seizures are controlled. In infants with >10 seizures, AEDs can be withdrawn when the EEG is normal and before discharge. In infants with frequent seizures and abnormal EEG, longterm prophylactic antiepileptic treatment may still be preferable. The use of prophylactic treatment is not justified in most cases of neonatal seizures. (Hellstrom-Westas L et al. Low risk of seizure recurrence after early withdrawal of antiepileptic treatment in the neonatal period. Arch Dis Child March 1995;72:F97-F101). (Respond: Dr Lena Hellstrom-Westas, Department of Paediatrics, University Hospital, S-221 85 Lund, Sweden).

COMMENT. The goals of treatment with AEDs in this study were 1) to abolish both clinical and electrographic seizures, and 2) to keep treatment as short as possible. Controversies in the management of neonatal seizures are addressed in Progress in Pediatric Neurology II, 1994, pp14-15; and Vol I, 1991, pp10-11. Most authorities agree that seizures should be determined electrographically before long-term therapy is instituted.

INFANTILE SPASM MORBIDITY vs PERINATAL MORTALITY

During a 15-year period 1968-1982, perinatal mortality in Finland declined from 19.9 to 7.4 per 1000 live births. The incidence of children with infantile spasms remained unchanged during two study periods, 1960-1977 and 1977-1991, rates of 0.41 and 0.43/1000 livebirths, respectively, with admissions to the Children's Hospital of the University of Helsinki. The proportion of low birth weight infants with infantile spasms was not different in the two periods, but the number small for gestational age decreased in the second study period. They all had severe pre-, peri-, or postnatal brain damage or other symptomatic causes for infantile spasms. In the later 77-91 compared to the earlier 60-77 period, brain malformations and tuberous sclerosis were diagnosed more frequently as causes of infantile spasms, neonatal hypoglycemia was a less frequent etiology, while idiopathic cases were of equal frequency (19%). (Riikonen R. Decreasing perinatal mortality: Unchanged infantile spasm morbidity. Dev Med Child Neur 1995;37:232-238).

COMMENT. Improved neuroimaging may account for the higher incidence of brain malformations detected in infants with spasms.

IN MEMORIAM

This issue of Pediatric Neurology Briefs is dedicated to the memory of

NANCY M. MILLICHAP
who died April 1, 1995, aged 52

Mrs Millichap was president-elect of the Auxiliary to the American Academy of Neurology, chairman of the S. Weir Mitchell Award for 1995, and a former president of the Woman's board of the Epilepsy Foundation of America.