

COMMENT. The authors conclude that excisional surgery can be performed safely in selected infants with medically uncontrolled malignant partial seizures and may improve long-term seizure outcome. They emphasize referral to a center specializing in early childhood epilepsy surgery. The same authors report at the 42nd Annual Meeting of the AAN that intractable focal seizures in childhood have a histopathological spectrum distinct from that of adults. Malformations, particularly neuronal migration disorders are most frequent in infants whereas hippocampal sclerosis, a common pathology in adult epileptics, did not occur in the infants or the children in this report. (Neurology April 1990; 40 (Suppl I):187).

ANTERIOR TEMPORAL LOBECTOMY IN REFRACTORY COMPLEX PARTIAL SEIZURES

The outcome of 22 patients with onset of complex partial seizures (CPS) in early childhood and treated by anterior temporal lobectomy after intervals varying from three to 28 years, is reported from the Epilepsy Research Center, Baylor College of Medicine, Houston, TX. All patients showed improved seizure control, the majority having a greater than 95% reduction in seizure frequency. Psychosocial, behavioral, and educational problems occurred more frequently in patients whose surgery was delayed until adult life. Neuropathologic abnormalities were found in both the mesial and lateral portions of the temporal lobe. Mesial abnormalities included the classical Ammon's horn sclerosis and ganglioglioma. All the brain specimens showed congenital malformations or "microdysgenesis". The authors considered surgery, performed soon after medical intractability has been determined, may limit the problems associated with prolonged uncontrolled seizures. (Mizrahi EM et al. Anterior temporal lobectomy and medically refractory temporal lobe epilepsy of childhood. Epilepsia May/June 1990; 31:301-312).

COMMENT. In these patients with seizure onset between two and ten years of age Ammon's horn sclerosis occurred in 16 of the 22 patients. This finding contrasted with the absence of hippocampal sclerosis in patients with seizures beginning in infancy. (See Duchowny et al. Neurology 1990; 40:980).

VALPROATE, CARNITINE, AND LIPID METABOLISM

The effects of valproate (VPA) on carnitine and lipid metabolism and on liver function were assessed in 213 outpatients from five centers and reported from the Instituto di Ricerche Farmacologiche "Mario Negri," Milan, Italy. The mean total and free carnitine levels were significantly lower in patients on polytherapy. A significant correlation was found between serum ammonia levels and VPA dosage. VPA monotherapy and polytherapy were associated with significantly elevated cholesterol levels, especially "HDL". The authors concluded that impairment of carnitine metabolism and liver function by VPA does not appear to be a clinically important phenomenon especially when VPA is administered as monotherapy to well nourished patients. There was no correlation between carnitine deficiency and reports of