TEMPORAL LOBECTOMY FOR COMPLEX PARTIAL SEIZURES

The results of anterior temporal lobectomy performed for medically intractable, complex partial seizures, with onset before 16 years of age, in 42 consecutive patients are reported from various centers. All patients underwent surgery at the Children's Hospital, Boston, between 1972 and 1987, before implanted electrodes were routine. Total or near total seizure control was achieved in 85%. (96% of 28 operated after the introduction of long-term EEG monitoring). Results were comparable to series using invasive monitoring. Post-operative follow-up was at least 2 years. The median age at operation was 17 years (range 3.9-27 years) in the seizure-free group compared to 20 years (range 12-34 years) in the group with persistent seizures after surgery. (Erba G et al. Temporal lobectomy for complex partial seizures that began in childhood. Surg Neurol Dec 1992; 38: 424-432). (Reprints: Ken R Winston MD, Box B467, Children's Health Center, 1950 Ogden St, Denver, CO 80218).

> COMMENT. Patients may be selected successfully for temporal resection without the risk and expense of invasive presurgical depth electrodes and subdural monitoring. Neoplasm was the cause of seizures in 57%, and surgery at an earlier age may have improved prognosis and seizure control. The outcome from anterior temporal resection in patients with localized lesions was particularly favorable. Positron emission tomography showing temporal hypometabolism correlated with good outcome following temporal lobectomy for uncontrolled seizures in a study of 53 patients at the National Institutes of Health (Theodore WH et al. Ann Neurol Dec 1992; 32: 789). PET identified the seizure focus and allowed limitation of invasive electrode placements for mapping.

HEMIPLEGIC SYNDROMES

AUTOSOMAL DOMINANT ALTERNATING HEMIPLEGIA

The familial occurrence and autosomal dominant inheritance of alternating hemiplegia of childhood is reported from Children's Hospital, and Massachusetts General Hospital, Harvard Medical School, Boston. Hemiplegic attacks without preceding seizure activity occurred in the proband, a 9-year-old, developmentally retarded boy, during the first year of life. Choreoathetosis and dystonic posturing were noted between attacks. Father, brother, paternal uncle, and paternal grandmother had histories of alternating hemiplegia. Stroke, neurodegenerative disease, and other causes were excluded. The karyotype showed a translocation, 46,XY,t(3;9)(p26;q34) in the patient and affected relatives. Flunarizine decreased attack frequency >70%. (Mikati MA et al. A syndrome of autosomal dominant alternating hemiplegia: Clinical presentation mimicking intractable epilepsy; chromosomal studies; and physiological investigations. Neurology Dec 1992; 42: 2251-2257). (Reprints: