

FOLATE DEFICIENCY, PORPHYRIA, AND SEIZURES

A 12 year old, learning-disabled boy with epilepsy was admitted to the University of Connecticut Health Center, Farmington, CT because of symptomatic folate deficiency and newly diagnosed acute intermittent porphyria. Seizures and global developmental delays were noted by 12 months of age. Seizures required multiple drug combinations, and optimal control was obtained with carbamazepine, valproate, and methsuximide. The patient was hospitalized because of abdominal pain, vomiting, anorexia, and behavioral changes. He developed hypertension, hyponatremia, and anemia. The urine became brown in color, positive for urobilinogen, and showed elevated coproporphyrins, uroporphyrins, aminolevulinic acid, and porphobilinogen (PBG). Erythrocyte and maternal PBG deaminase measurements were decreased. RBC folate levels were deficient. Oral folate, 0.5 mg/d, resulted in correction of the anemia and no recurrence of porphyric crises. (DiMario EJ Jr et al. Folate deficiency and acute intermittent porphyria in a 12-year-old boy. Neurology July 1993; 43: 1438-1439). (Reprints: Dr Francis J DiMario Jr, Pediatric Neurology, Bldg 12, UCONN Health Center, Farmington, CT 06030).

COMMENT. Serum folate should be determined in patients with acute intermittent porphyria requiring chronic anticonvulsant therapy. A folate deficiency induced by the AEDs may further reduce red blood cell production and precipitate a porphyric crisis. Folate supplements are beneficial as an adjunct to the carbohydrate loading in therapy for a porphyric crisis or its prevention.

ANTIPILEPTIC DRUGS

CARBAMAZEPINE-INDUCED SKIN RASH

Of 335 children who were treated with carbamazepine at the Department of Paediatrics, Toyama Medical University, Japan, 33 (10%) developed a skin rash. Five had exfoliative dermatitis and 2 had Stevens-Johnson syndrome. The eleventh day of therapy was the most frequent day of onset; 88% developed the rash between 8 and 15 days. Children over 6 years of age were more susceptible to skin rash than younger patients, with frequencies of 20% and 5%, respectively. Leucopenia in 9 patients (27%), thrombocytopenia in 6 (18%), and hepatic dysfunction manifested by elevated transaminases in 9 (27%) occurred concomitantly with the skin rash. (Konishi T et al. Carbamazepine-induced skin rash in children with epilepsy. Eur J Pediatr July 1993; 152: 605-608). (Respond: Dr T Konishi, Dept of Paediatrics, Toyama Medical and Pharmaceutical University, 2630, Sugitani, Toyama City, Japan).