

Serum potassium concentrations showed no significant changes between simple and complicated FC groups. (Kiviranta T, Airaksinen EM. Low sodium levels in serum are associated with subsequent febrile seizures. Acta Paediatr Dec 1995;84:1372-4). (Respond: Dr Tuula Kiviranta, Taivallahdentie 7, FIN-70620 Kuopio, Finland).

COMMENT. Hyponatremia may increase the risk for complicated and multiple FC during the same febrile illness.

A further study by the above investigators concerns "osmolality and electrolytes in cerebrospinal fluid and serum of febrile children with and without seizures." (Kiviranta T, Tuomisto L, Airaksinen EM. Eur J Pediatr Feb 1996;155:120-125). CSF osmolality was lower in 60 febrile children than in 30 nonfebrile controls. The febrile groups, 36 with and 24 without seizures, did not differ, but those with repeated FC had lower CSF osmolality than the simple FC group. Differences in serum osmolality between groups were smaller than those in the CSF. Serum and CSF osmolalities showed a positive correlation. The body temperature and osmolality values were negatively correlated. Decreases in CSF sodium concentration with increasing body temperature paralleled those of CSF osmolality. Age was used as a covariant in group comparisons, since osmolality and sodium concentration in CSF correlated with age in nonfebrile children. For further reference to hyponatremia in febrile convulsions, see Ped Neur Briefs June 1995;9:48.

OTHER SEIZURE DISORDERS

BENIGN PARTIAL EPILEPSY IN INFANCY

The frequency of occurrence of benign partial epilepsy in infancy (BPEI) in a first line general hospital was determined among 75 patients presenting with epilepsy in the first 2 years of age and evaluated between 1987 and 1993 at the Departments of Paediatrics, Anjo Kosei Hospital, Anjo Aichi, and Nagoya University School of Medicine, Nagoya, Japan. Twenty two (29%) fulfilled the definition of BPEI: partial or secondary generalized seizures, clusters of seizures in 17, normal development, normal EEG, and good response to treatment. Average age at onset was 5.9 months. Average seizure persistence was 3 months. (Okumura A et al. Benign partial epilepsy in infancy. Arch Dis Child Jan 1996;74:19-21). (Respond: Dr Akihisa Okumura, Department of Paediatrics, Anjo Kosei Hospital, 12-38 Miyukihonmachi, Anjo Aichi 446, Japan).

COMMENT. Contrary to previous reports BPEI in this study was not rare. When cases of West's syndrome were excluded from the group, nearly half the patients presenting with epilepsy in the first two years of life fulfilled the criteria for BPEI. The initial manifestations of the BPEI observed at this center were impaired consciousness, decreased responsiveness, and cyanosis.

PRETREATMENT SEIZURE FREQUENCY, CONTROL & REMISSION

The effect of the number of seizures before antiepileptic drug (AED) treatment on the ease of seizure control and remission was studied in a population-based regional cohort of 479 children with epilepsy at the IWK Children's Hospital, Halifax, Nova Scotia, Canada. Only 55 of 99 patients (56%) with more than 10 pretreatment seizures were seizure free for a sufficient time to attempt discontinuation of medicine, compared with 276 of 380 patients