mechanisms. Sleep deprivation, usually associated with stress and fatigue, is a frequent trigger in patients with temporal lobe epilepsy whereas sleep predisposes to extratemporal and especially frontal lobe nocturnal epilepsy. Cryptogenic generalized epilepsies are less susceptible to the effects of sleep deprivation.

Numerous reflex epilepsy syndromes are described in children. These include epilepsy induced by "Soroban," a Japanese calculator; reading epilepsy, graphogenic, arithmetic, cards and game playing, piano, Nintendo and Rubik's cube epilepsy. Both mental activity under psychological tension and movements of fingers are involved in the induction of seizures in susceptible patients. (See Progress in Pediatric Neurology II, PNB Publ, 1994;pp60-61).

CHILDHOOD EPILEPSY WITH OCCIPITAL PAROXYSMS:VARIANTS

The recent ILAE classification of "childhood epilepsy with occipital paroxysms. (CEOP)" into two distinct syndromes was tested at the Schneider Children's Medical Center, Tel Aviv University, and Rappaport Medical School, Haifa, Israel. Of patients with partial-onset seizures and interictal occipital spikes referred to the pediatric seizure unit between Jan 1975 and May 1997, 134 met criteria for CEOP. Three clinical groups were defined: Group 1 (visual) with ictal visual symptoms (24 patients (18%)); Group 2 (adversive) with tonic eye deviation (72 patients (54%)); Group 3 (nonvisual, nonadversive) with various seizure patterns (38 patients (28%). Two syndromes were identified: 1) Gastaut type, late onset (median age 8 years), with brief and frequent diurnal seizures, included the Group 1 visual type; and 2) the Panayiotopoulos type, early onset (median age 5 years), with ictal eye deviation and ictal vomiting, infrequent nocturnal seizures, included the patients in Group 2 adversive type. The patients in Group 3 did not satisfy criteria for either syndrome. (Kivity S, Ephraim T, Weitz R, Tamir A. Childhood epilepsy with occipital paroxysms: clinical variants in 134 patients. Epilepsia Dec 2000;41:1522-1533). (Reprints: Dr S Kivity, Pediatric Epilepsy Unit, Schneider Children's Medical Center of Israel, Petah Tiqva 49202, Israel).

COMMENT. The authors conclude that Panayiotopoulos syndrome is the most common variant of CEOP, and the symptoms are sufficiently delineated to justify classification separate from the Gastaut type CEOP and, also, from BECT, another idiopathic localization-related epilepsy. For all these idiopathic epilepsy syndromes, the prognosis is generally good.

Occipital epileptiform discharges in the EEG can also be associated with symptomatic epilepsies that carry a poor prognosis. Background slowing in the EEG is predictive of persistent seizures and developmental delay (Libenson MH et al, 1999; see Ped Neur Briefs Aug 1999;13:63).

EXCESSIVE BRUISING AND THE KETOGENIC DIET

Changes in platelet function and excessive bruising were investigated by chart review and prospective screening in 51 patients treated with the ketogenic diet for epilepsy at RUSH-Presbyterian-St Luke's Medical Center, Chicago, IL. A significant increase in bruising or other minor bleeding was reported and/or observed in 16 (31%) patients. The complication was more frequent in younger patients but was independent of sex and number of concurrent anticonvulsants (AED). The average age of patients with bleeding was 5 years compared to 8 years for patients without bleeding. The possibility of an interaction with a specific AED was suggested by a 25% use of lamotrigine in patients with bruises compared to 8% use in the nonbruising group (not significant p=.11). Five of 6 patients tested had prolonged bleeding times and all had diminished response to platelet