neonatal convulsions, is a unique case report from Tokushima University, Japan (Mori K, Yano I, Hashimoto T).

EPILEPSY SURGERY AND TUBEROUS SCLEROSIS

The results of operation for treatment of epilepsy in 5 male and 4 female patients with tuberous sclerosis (TSC) in a 5-year period from 1986-1990 are reported from the Mayo Clinic. Pathological examination of resected lesions demonstrated 7 cortical tubers and 2 astocytic hamartomas. MRIs correlated with clinical and focal EEG findings. Seven patients are free from seizures and 2 are partially controlled. In selected TSC patients with single or multiple cerebral lesions, both the primary and secondary epileptogenic lesions were modified by removal of the primary ictal focus. (Bebin EM, Kelly PJ, Gomez MR. Surgical treatment for epilepsy in cerebral tuberous sclerosis. Epilepsia July/Aug 1993;34:651-657). (Reprints: Dr MR Gomez, Dept of Neurology, Mayo Clinic, 200 First St, SW, Rochester, MN 55905).

COMMENT. Results of surgery for epilepsy due to cortical dysplasia (CD) are reviewed in 17 patients treated at the Maudsley Hospital, London (Hirabayashi S et al. J Neurol Neurosurg Psychiatry July 1993;56:765). Only 6 became free or almost free from seizures, and 8 had no relief. Outcome related to the extent of the pathology but not to histology. Lesions outside the temporal and frontal lobes and generalized interictal EEG abnormalities, reflecting extensive or multiple lesions, correlated with poor surgical outcome. MRI was abnormal in 5 of 7 patients examined, contrasting with a low detection rate of abnormalities by CT scan. The use of MRI and PET should improve the identification of CD patients amenable to surgery.

SEIZURES AND NEUROFIBROMATOSIS I

Twenty-two (6%) patients, ages 5 to 57 years, had developed seizures among 359 attending a neurofibromatosis clinic at the Dept of Neurology, Children's Hospital, Harvard Med School, Boston. The majority of seizures could be attributed to causes unrelated to NF1: 6 had febrile seizures and 3 had primary generalized epilepsy with onset before 5 years. Complex partial seizures in 9 (41%), infantile spasms in 1, and seizures with aqueductal stenosis in 2 may have been caused by NF1, but no specific brain lesions were detected. None of the seizures was a symptom of brain tumor, and neuroimaging failed to uncover a seizure focus. Routine EEG of all patients with NF1 was considered unproductive. (Korf BR, Carrazana E, Holmes GL. Patterns of seizures observed in association with neurofibromatosis 1. Epilepsia July/Aug 1993;34:616-620). (Reprints: Dr BR Korf, Children's Hospital, 300 Longwood Ave, Boston, MA 02115).