

1) Neonatal seizures are not a separate entity and are included under “electroclinical syndromes arranged by age at onset”; 2) Spasms are now recognized as “epileptic spasms,” which includes infantile spasms; 3) Focal simple partial and complex partial categories of focal seizures are eliminated and replaced by focal “without impairment of consciousness or awareness” and “with impairment of consciousness or awareness;” 4) Focal seizure “evolving to a bilateral convulsive seizure” replaces the term “secondarily generalized seizure;” and 5) “Myoclonic atonic” replaces “myoclonic astatic” seizures. The new seizure classification has 3 main categories: generalized (tonic-clonic, absence, myoclonic, clonic, tonic, atonic), focal, and unknown. The new *classification of electroclinical syndromes and other epilepsies* is grouped according to 1) age at onset (neonatal period, infancy, childhood, and adolescent-adult), 2) as distinctive “constellations,” (mesial temporal lobe epilepsy, Rasmussen syndrome, gelastic seizures, hemiconvulsion-hemiplegia-epilepsy); epilepsies attributed to “structural-metabolic” causes, to angioma, of unknown cause, and seizures not recognized as epilepsies (benign neonatal seizures and febrile seizures). The concepts of generalized and focal do not apply to electroclinical syndromes. Genetic, structural-metabolic, and unknown represent modified concepts to replace idiopathic, symptomatic, and cryptogenic. (Berg AT, Berkovic SF, Brodie MJ, et al. Revised terminology and concepts for organization of seizures and epilepsies: Report of the ILAE Commission on Classification and Terminology, 2005-2009. *Epilepsia* April 2010;51(4):676-685). (Respond: Dr Anne T Berg, Department of Biology, Northern Illinois University, DeKalb, IL 60115. E-mail: atberg@niu.edu).

COMMENT. As one of the last Fellows privileged to have known and worked under Doctor William Gordon Lennox at his Seizure Unit, Children’s Medical Center, Boston, in 1953-1954, I am sure he would have applauded the attempts to reclassify seizures and advance our understanding of the epilepsies. In keeping with some of the editorial comments regarding the new classification (*Epilepsia* 2010;51(4):713-723), Dr Lennox might have questioned the need to replace the terms idiopathic, symptomatic, and cryptogenic. As intended, the ILAE Commission has provided a basis and guide for further epidemiological studies. In the last half century, I have witnessed many changes in the classification of seizures since the simple triad of grand mal, petit mal, and psychomotor, genetic or acquired, metabolic or organic (structural). In the use of the term structural-metabolic in the new classification we have partially reverted to the Lennox terminology. (*Epilepsy and Related Disorders*, Vol 1. Boston; Little, Brown and Company, 1960).

HEADACHE DISORDERS

ACUTE CONFUSIONAL MIGRAINE RESPONSE TO IV VALPROATE

The case of a 12-year-old girl with an attack of acute confusional migraine (ACM) that responded rapidly to intravenous valproic acid is reported from Meir Medical Center, Tel Aviv University, Israel. One hour before arriving at the ED, she complained of bilateral blurriness of her lower visual fields, frontal headache, and paresthesiae of left arm and

face. Within minutes, she was confused, unable to comprehend simple commands, and her speech was slurred. Five days before admission, she received a booster diphtheria and tetanus toxoid shot. Mother had a history of migraine. Neurological exam was unremarkable except for confusion and irritability, slurred speech, and a questionable upper quadrant visual field defect. CT scan and lumbar puncture were normal. EEG performed 2 hours after confusion onset showed diffuse slowing, maximal left hemisphere. IV midazolam was without effect, but within 30 min of receiving IV valproate, 20 mg/kg, she recovered completely. At 3 months, repeat EEG was normal, and at 18 months follow-up, parents reported no further episodes or headaches. (Avraham SB, Har-Gil M, Watemberg N. Acute confusional migraine in an adolescent: Response to intravenous valproate. *Pediatrics* April 2010;125:e956-e959). (Respond: Nathan Watemberg MD, Child Neurology Unit, Meir Medical Center, Tel Aviv University, Kfar-Saba, Israel. E-mail: Nathan.watemberg@clalit.org.il).

COMMENT. Acute confusional migraine is a rare example of a migraine equivalent. Others are abdominal migraine, cyclic vomiting, benign paroxysmal vertigo, paroxysmal torticollis, and acephalgic migraine. Previously, valproate has been shown effective in prophylaxis of chronic migraine. IV valproate use as acute treatment of migraine equivalent attacks deserves further study.

VASCULAR DISORDERS

HEADACHE AS RISK FACTOR FOR VASCULAR DISEASE

The association of severe or recurrent headache or migraine with vascular disease in childhood or adolescence was examined by a National Health and Nutrition Survey at the National Institute of Neurological Disease and Stroke and of Mental Health, Bethesda, MD. Children with headaches had higher mean values for body mass index, C-reactive protein, and homocysteine, and more children with headaches were at the highest risk for these factors. Serum and red blood cell folate levels were lower in children with headache. (Nelson KB, Rishardson AK, He J, Lateef TM, Khoromi S, Merikangas KR. Headache and biomarkers predictive of vascular disease in a representative sample of US children. *Arch Pediatr Adolesc Med* 2010;164(4):358-362). (Respond: Dr Nelson, NIND&S, NIH, Bethesda, MD).

COMMENT. Screening of children with recurrent headache for vascular disease risk factors may permit early preventive intervention for vascular disease.

Thrombophilia risk factor for arterial ischemic stroke or cerebral sinovenous thrombosis in neonates and children. Review and Meta-analysis. (Kenet G et al. *Circulation* April 12, 2010; published online. Respond: Ulrike Nowak-Gottl MD, E-mail: leagottl@uni-muenster.de). A multinational search of electronic databases for studies published from 1970 to 2009 found 22 of 185 references met inclusion criteria and included 1764 patients with arterial ischemic stroke [AIS], and 238 with cerebral sinovenous thrombosis [CSVT] and 2799 controls. A statistically significant association with first stroke (AIS or CSVT) was demonstrated for each thrombophilia trait evaluated.