anticonvulsant, especially carbamazepine, should be accompanied by a parental warning of possible skin rash, particularly during the first 2 weeks of treatment. In my own view, a drug having once caused a serious skin rash should never be readministered to the sensitive individual. For reviews of carbamazepine-induced skin rash, including use of prednisone in treatment, see Progress in Pediatric Neurology II, PNB Publ, 1994, pp 107-109.

HEPATIC FATALITIES AND VALPROIC ACID

The results of a third retrospective study of the US experience since 1986 with fatal hepatotoxicity associated with valproic acid (VPA) are reported from the Department of Neurology, University of Virginia School of Medicine, Charlottesville, VA. In 29 case fatalities, the most common presenting signs were drowsiness, jaundice, vomiting, hemorrhage, seizure exacerbation, anorexia, and edema. Risk factors included young age, especially below 2 years when the risk was 1:600, polytherapy, developmental delay, and coincident metabolic disorders, especially Alpers' disease. (Bryant AE III, Dreifuss FE. Valproic acid hepatic fatalities. III. US experience since 1986. Neurology Feb 1996;46:465-469). (Reprints: Dr Fritz E Dreifuss, Department of Neurology, Box 394, University of Virginia Health Sciences Center, Charlottesville, VA 22908).

COMMENT. The authors advise avoidance of VPA in patients who are at greatest risk of developing liver toxicity. Liver transplant had been received by 28% of the patients in this study.

CHOREOATHETOSIS WITH GABAPENTIN

A 37-year-old man with severe mental retardation since birth and intractable epilepsy treated with AED polytherapy developed choreoathetosis and orofacial dyskinesia within 5 days of introducing gabapentin (GBP) at the Department of Neurology, West Virginia University, Morgantown, WV. Diphenhydramine 25 mg IV resulted in improvement and movements resolved within 2 days of discontinuing GBP. Other AEDs were continued and dosages were unchanged. (Buetefisch CM et al. Choreoathetotic movements: a possible side effect of gabapentin. Neurology March 1996;46:851-852). (Reprints: Dr Catherin M Buetefisch, Department of Neurology, Robert C Byrd Health Sciences Center, West Virginia University, Morgantown, WV 26506).

COMMENT. AED-induced movement disorder is rare, but is described with phenytoin, carbamazepine, ethosuximide, and with felbamate. This is the first reported case with gabapentin.

Exacerbation of seizures in Lennox-Gastaut syndrome by gabapentin is described in a 14-year old boy from the Epilepsy Center, Swedish Medical Center, Seattle, WA. (Vossler DG. Neurology March 1996;46:852). Gabapentin (GBP), 300 - 600 mg tid, was added to valproate and methsuximide therapy, and absence and myoclonic seizures were markedly exacerbated. A generalized tonic-clonic seizure also occurred for the first time since undergoing corpus callosotomy at age 9 years. When GPA was discontinued over 4 days and phenytoin was added, no seizures recurred in the subsequent 7 months follow-up.