

**Paroxysmal nonepileptic events in children and adolescents** vary with age (Kotagal P et al. *Pediatrics* 2002;110(4):e46). 1) *Infant, Toddler, and Preschool Group* (2 mos – 5 years; 26 patients), the most common diagnoses were stereotyped movements, hypnic jerks, parasomnias, and Sandifer syndrome (spasmodic torticollis, hiatus hernia, and gastroesophageal reflux). Concomitant epilepsy was present in 12 patients (46%); 2) *The School-Age Group* (5 – 12 years; 61 patients), Most common diagnoses were conversion disorder (psychogenic seizures), inattention or daydreaming, stereotyped movements, hypnic jerks, and paroxysmal movement disorders. Concomitant epilepsy in 15 patients (25%); 3) *The Adolescent Group* (12 – 18 years) 48 patients of whom 40 (83%) were diagnosed with conversion disorder. Nine (19%) had concomitant epilepsy. Conversion disorder was most common in the adolescent group and in females, whereas males predominated in the school-age group. Concomitant epilepsy with nonepileptic events occurred in all age groups.

## **BENIGN INFANTILE SEIZURES (FUKUYAMA SYNDROME)**

Benign infantile seizures (BIS), first described by Fukuyama (1963) as generalized convulsions were later reported as focal or partial seizures, mainly non-familial, and more recently as familial with autosomal dominance. The two types, familial and non-familial, generalized or focal, are now presented as one syndrome of Fukuyama, Watanabe, and Vigevano. The occurrence of the syndrome in Saudi Arabia is reported by researchers at King Fahad Military Hospital, and King Saud University. Inclusion criteria for BIS were as follows: 1) age of onset 2-24 months; 2) normal development; 3) normal interictal EEG; 4) normal brain imaging; and 5) good response to treatment. Of 116 infants, between 2 and 24 months, with epilepsy, 14 (12%) showed electroclinical features consistent with BIS; 11 patients fulfilled criteria for benign non-familial infantile seizures (BNFIS), and 3 had pedigrees consistent with benign familial infantile seizures (BFIS). All responded to anticonvulsants, and 50% responded within 3 months. (Saardeldin IY, Housawi Y, Al Nemri A, Al Hifzi I. Benign familial and non-familial infantile seizures (Fukuyama-Watanabe-Vigevano syndrome): A study of 14 cases from Saudi Arabia. *Brain Dev* May 2010;32:378-384). (Respond: Dr IY Saardeldin.E-mail: [eyssaad@yahoo.co.uk](mailto:eyssaad@yahoo.co.uk)).

COMMENT. First described in Japan, the syndrome of BIS is now reported in other countries, including Saudi Arabia. In the new classification described below, BIS or benign infantile epilepsy is included under the electroclinical syndromes defined by age, but grouped with West syndrome and Dravet syndrome, both having a poor prognosis.

## **ILAE REVISED CLASSIFICATION AND TERMINOLOGY OF SEIZURES AND EPILEPSIES, 2005-2009**

The International League Against Epilepsy (ILAE) Commission on Classification and Terminology has revised concepts, terminology, and approaches for classifying seizures and forms of epilepsy, last updated in 1981 for seizures and in 1989 for epilepsies. Changes in the 1981 *classification for seizures* include the following: