

W, Smith EC, Mikati MA. Electroencephalographic and seizure manifestations in two patients with folate receptor autoimmune-mediated primary cerebral folate deficiency. **Epilepsy Behav** 2012 Aug;24(4):507-12) (Response: MA Mikati MD. E-mail: mohamad.mikati@duke.edu).

COMMENT. Patients with developmental regression, refractory seizures or spasms, and EEG showing hypsarrhythmia or electrical status epilepticus during sleep should be tested for cerebral folate deficiency and considered for treatment with folinic acid. The authors list seizure onset during the first 2 years, tonic, myoclonic-astatic, absence, or generalized tonic-clonic seizures, and an EEG showing generalized spike-slow waves and multifocal spikes as important in the index of suspicion of this disorder.

VASCULAR DISORDERS

STROKE RECURRENCE IN CONGENITAL HEART DISEASE

Researchers at the Hospital for Sick Children, Toronto, Canada identified 135 patients with congenital heart disease diagnosed with arterial ischemic stroke during 1992-2008 and registered in the Canadian Pediatric Stroke Registry-Toronto site. Of the total cohort with sentinel stroke, 19 (14%) had a recurrence. Of 78 (58%) with neonatal sentinel stroke, 7 (9%) had a stroke recurrence. Ten years following a sentinel stroke, 27% had suffered a stroke recurrence, 26% had died, and 47% were alive without recurrence. Age at sentinel stroke was 0.5 yr (range 0.1-17.0). Stroke recurrence risk was highest immediately following the sentinel stroke and decreased over time. At time of recurrence, 50% were receiving anticoagulation. Recurrence risk factors included a mechanical valve, prothrombotic condition, and an acute infection at time of sentinel stroke. Hazard of mortality after recurrence was similar to mortality after sentinel stroke. More aggressive secondary prophylaxis in the early poststroke period may be indicated in patients at increased risk. (Rodan L, McCrindle BW, Manlhiot C, et al. Stroke recurrence in children with congenital heart disease. **Ann Neurol** 2012 Jul;72(1):103-11). (Respond: Gabrielle deVeber MD, Hospital for Sick Children, 555 University Ave, Toronto, Canada M5G 1X8. E-mail: gabrielle.deveber@sickkids.ca).

COMMENT The Toronto team has demonstrated the relative safety of anticoagulant therapy in 123 children with arterial ischemic stroke, with a 4% risk of intracranial hemorrhage. (Schechter T et al. **Blood** 2012 Jan 26;119(4):949-56).

NEONATAL DISORDERS

SURFACTANT AND NEONATAL ELECTROENCEPHALOGRAM

Researchers at the University of California San Diego evaluated the effects of endotracheal intubation and surfactant on the neonatal brain using a 3-channel neonatal EEG. Surfactant administration was associated with brain wave suppression on EEG in 18 (62%) of 29 infants treated. ($p < 0.008$). Nine infants exhibited EEG suppression during