

COMMENT. The authors advise complete clinical screening (including brain CT scan) of parents of sporadic TSC patients. A mild phenotype associated with somatic mosaicism might otherwise be missed. In the absence of signs of TSC, only 2% of parents will show gonadal mosaicism.

SEIZURE DISORDERS

NEONATAL EPILEPSIES AND SEIZURE EVOLUTION

The evolution of epileptic syndromes in 75 children with EEG-confirmed epilepsies of neonatal onset was studied at Nagoya University, Japan. Seizures were partial in 63 (84%) patients followed for a minimum of 3 years, including 23 with benign neonatal convulsions; generalized in 9; and both generalized and partial in 3. Partial seizures occurred with idiopathic and symptomatic epilepsies, whereas generalized seizures were present mainly in early infantile epileptic encephalopathy. Seizures were cryptogenic in 7 infants, despite intractable partial seizures, and none developed into other epileptic syndromes. Of 44 patients with symptomatic epilepsies, 18 (41%) developed West syndrome (WS). Fifteen of these WS patients had presented with localization-related epilepsy as neonates, and of these, 7 developed localization-related epilepsy after WS was diagnosed. (Watanabe K, Miura K, Natsume J, Hayakawa F, Furune S, Okumura A. Epilepsies of neonatal onset: seizure type and evolution. *Dev Med Child Neurol* May 1999;41:318-322). (Respond: Dr Kazuyoshi Watanabe, Department of Pediatrics, Nagoya University School of Medicine, 65 Tsurumai-cho, Showa-ku, Nagoya 466-8550, Japan).

COMMENT. Benign neonatal convulsions, classified as generalized epilepsies in the International Classification, should be reclassified as partial, localization-related epilepsy. The term "age-dependent epileptic encephalopathy" is usually applied to cases of early infantile epileptic encephalopathy which evolve into West syndrome and later Lennox-Gastaut syndrome. Symptomatic localization-related epilepsy with transient West syndrome in infancy is recognized as an additional age-dependent epileptic syndrome.

The **burst-suppression electroencephalogram** is discussed by Niedermeyer E et al (*Clinical EEG* July 1999;30:99-105). Generalized burst-suppression (BS) in the EEG may occur with 'Early Infantile Epileptic Encephalopathy' (Ohtahara syndrome) and 'Early Myoclonic Encephalopathy' (Aicardi and Goutieres). It is also observed in deep stages of anesthesia and sedative overdose, with cardiorespiratory arrest, and undercutting of the cortex. "The term BS should not be applied to the brief flat stretches that may occur during NREM sleep in infants with hypsarrhythmia."

PARENTS' FEAR OF FEBRILE SEIZURES

Parents' perceptions and knowledge about fever and febrile seizures were determined by a questionnaire study at the Sophia Children's Hospital, Rotterdam, The Netherlands. Of 230 parents of children who participated in a randomized controlled trial of ibuprofen to prevent recurrence of febrile seizures, 181 (79%) responded to the questionnaire. Each child had been treated in the emergency room because of a febrile seizure, and the risk factors for seizure recurrence included a positive family history of febrile seizures, a multiple type seizure, a temperature below 40.0°C at the initial seizure, and previous febrile seizure recurrence. The parents were informed of the generally benign nature of the

febrile seizure, their prevalence, and the risk of seizure recurrence.

Of all respondents, only 13% were not afraid of fever, and 45% were afraid or very afraid. Parents of non-West European background were more afraid, and considered a temperature of 39.0°C as high fever. Child care measures taken by parents who were more afraid included more frequent temperature recordings (30% measured the temperature 5-8 times in 24 hours vs 14% for those less afraid), sleeping in the same room (36% vs 15%), and remaining awake at night (22% vs 5%). Only 5% had diazepam ready for use. Questioned about their thoughts at the moment of their child's initial febrile seizure, 47% of parents thought the child was dying; only 8% were worried about epilepsy. When asked about their current thoughts of febrile seizures, 54% answered that they were harmful, mainly because they looked damaging. Of 44% of parents who considered febrile seizures not harmful, one half had been convinced by reassuring information received, mainly at the hospital outpatient clinic. Fear of a recurrence of febrile seizures in 44% of parents was significantly associated with fear of fever. (van Stuijvenberg M, de Vos S, Tjiang GCH et al. Parents' fear regarding fever and febrile seizures. *Acta Paediatr* June 1999;88:618-622). (Respond: Dr HA Moll, Sophia Children's Hospital, Department of Paediatrics, Room Sp 1543, Dr Molewaterplein 60, 3015 GJ Rotterdam, The Netherlands).

COMMENT. Parents' fear of a child's impending death, alluded to in a 1968 monograph on Febrile Convulsions (Millichap JG, Macmillan), has apparently not changed in 30 years, despite the physicians' reassurance and generally sanguine prognosis. Parental fear of fever and febrile seizures is a common occurrence, affecting almost 50% of families involved. Fever is feared because of its association with recurrence of a seizure. Those who are less afraid of fever and seizures attribute their reassurance to information received in a hospital clinic and not from the practitioner or child health center.

Comparing these results with a previous study involving the reaction of inexperienced parents to a child's first febrile seizure, the frequency of fear of febrile seizures is similar (Balslev T. *Acta Paediatr Scand* 1991;80:466-469). Fear that the child would die during the seizure was volunteered by 44%, and another 33% admitted the same concern when specifically asked about it. General knowledge of febrile seizures was low, and many parents wished they had received more information about fever and the risks of febrile seizures. See Progress in Pediatric Neurology II, PNB Publ, 1994;pp19-20.

Few studies address the benefits and potential lessened anxiety of parents instructed in the use of rectal diazepam gel for the prevention and treatment of recurrent febrile seizures. (Kriel RL et al. *Pediatr Neurol* 1999;20:282-288). See Ped Neur Briefs June 1999;13:46, for commentary on the efficacy and safety of Diastat in treatment of acute repetitive seizures.

The importance of parental education in the management of fever and febrile seizures is emphasized by these reports, and especially in families with a history of febrile seizures or epilepsy. Parental anxiety may be allayed by the prescription of intermittent diazepam given at times of fever, although poor compliance may lessen its effectiveness in practice.

CHROMATIC SENSITIVE EPILEPSY

A study of 4 boys with cartoon-evoked epileptic seizures, conducted at Kyushu University, Fukuoka, Japan, was prompted by a report of 685 Japanese children and some adults who suffered generalized convulsions while watching an animated TV program called "Pocket Monsters." One of the 4 affected boys had previous febrile convulsions, none had afebrile seizures, and 2 had a family