

Australia (Bye AME. Neonate with benign familial neonatal convulsions: Recorded generalized and focal seizures. Pediatr Neurol March 1994;10:164-165). BFNC is heterogeneous in clinical and EEG features and cannot be distinguished from BIFC on the basis of clinical seizure patterns.

### JUVENILE MYOCLONIC EPILEPSY

Video-polygraphic analyses of 302 myoclonic seizures (MS) in 5 patients with juvenile myoclonic epilepsy (JME) are reported from the Department of Pediatrics, Tokyo Women's Medical College, Japan. MS occurred singly or repetitively and corresponded to generalized bilaterally synchronous single or multispikes-and-wave complexes at 3-5 Hz. Either distal or proximal muscles were involved, and facial jerks were infrequent. MS were asymmetrical in 4 of 5 patients and 9 to 38% of all seizures. Contraction and postmyoclonic inhibition of proximal muscles with atonia alternated with a flapping tremor during analysis of EMG in outstretched arms; myoclonic EMG potentials were suddenly disrupted when the arms dropped. Four patients fell when MS were intense. (Oguni H, Fukuyama Y et al. Video-polygraphic analysis of myoclonic seizures in juvenile myoclonic epilepsy. Epilepsia March/April 1994;35:307-316). (Reprints: Dr H Oguni, Dept Pediatrics, Tokyo Women's Medical College, 8-1 Kawada-cho, Shinjuku-ku, Tokyo 162, Japan).

COMMENT. A total of eight articles on juvenile myoclonic epilepsy were published in the March/April 1994 issue of Epilepsia. Panayiotopoulos CP et al reported a 5-year prospective study of 66 patients with JME seen at the King Khalid University Hospital, Riyadh, Saudi Arabia (Epilepsia 1994;35:285-296). Prevalence was 10.2% among 672 patients with epilepsies. Inheritance was autosomal recessive with siblings involved in 13 of 41 families. Diagnosis had been missed before referral in 63 and even after the initial visit in one-third. Age at onset was 10 years (range 5 - 16 years). Absence seizures (in 33%) predated myoclonic jerks (in 97%) by 4 years, and generalized tonic-clonic seizures (in 79%) by 4.4 years. Myoclonic and GTC seizures occurred mainly on awakening. One-third had an essential type tremor. A combination of valproate and clonazepam was the most effective treatment. Relapse occurred in 9 of 11 patients after drug withdrawal.

Clinical and EEG asymmetries were reported in 26 of 85 (31%) patients with JME seen at the Department of Neurology, Bowman Gray School of Medicine, Winston-Salem, NC. Fourteen (54%) were initially misdiagnosed as having partial seizures. (Lancman ME et al. Epilepsia 1994;35:302-306).

### FELBAMATE IN INTRACTABLE CHILDHOOD EPILEPSY

Of 51 children with intractable seizures treated for two months with add on felbamate (50-75 mg/kg/day) at the Scottish Rite Children's Hospital, Atlanta, GA, 51% responded with improved seizure control, 22% were unchanged, and 28% had increased seizure frequency. Significant insomnia limited the usefulness of felbamate in 39% of children. Other adverse effects included anorexia, hyperactivity, and choreoathetosis. (Trevathan E et al. Felbamate: Short-term efficacy and side effects in 51 children with intractable

epilepsy. Neurology April 1994;44 (Suppl 2):A273 (abstr). (Respond: Dr Edwin Trevathan, 5455 Meridian Mark Rd, Ste 530, Atlanta, GA).

COMMENT. Clinically significant weight loss and anorexia were troublesome side effects during a trial of felbamate in 68 children and adults with intractable seizures at Rush-Presbyterian-St Luke's Medical Center, Chicago. (Waicosky K et al. Weight loss in patients taking felbamate. Neurology April 1994;44 (Suppl 2):A296). Insomnia was reported in 25% of felbamate-treated patients in a further study of 16 patients (Luciano D et al. Neurology April 1994;44 (Suppl 2):A296).

*Gabapentin* (Neurontin), another newer anticonvulsant, recently approved and introduced for treatment of partial and secondarily generalized seizures in children older than 12 years and in adults, was found to be safe and well-tolerated as monotherapy in a multicenter study. (Hayes A et al. An open-label multicenter study of gabapentin (Neurontin) monotherapy and safety in medically refractory patients with partial seizures. Neurology April 1994;44 (Suppl 2):A204). Adverse effects have been minor and psychometric testing revealed no cognitive impairments. In follow-up studies > 1 year, there was no evidence of chronic toxicity. Unlike other anticonvulsants, gabapentin is not metabolized by the liver and is free of interactions with other drugs. (Leppik IE. Epilepsia 1994;35 (Suppl 4):S29-S40).

### PSEUDOTUMOR CEREBRI

#### **SYMPTOMS AND SIGNS OF PSEUDOTUMOR**

A review of charts of 30 children with idiopathic intracranial hypertension, seen in a 30 year period between 1960 and 1990, is reported from the University of Iowa Hospital and Clinics. Common presenting symptoms included headache (63%), vomiting (43%), diplopia (36%), blurred vision (26%), and nausea (23%). The majority were heavier than the 50th percentile. All had bilateral papilledema, 30% had retinal hemorrhage, and 53% enlarged blind spots. CTs and MRIs were normal. Associated illnesses were URIs in 16%, otitis in 16%, head trauma in 6%; 46% were otherwise healthy. Six had taken antibiotics, and 4 were on vitamins, including vitamin A. Neurologic signs included VIth nerve palsy in 14, and ataxia in 4. Steroids were used in 9 and acetazolamide in 8. (Babikian P et al. Idiopathic intracranial hypertension in children: The Iowa experience. J Child Neurol April 1994;9:144-149). (Respond: Dr James J Corbett, Dept Neurology, UMC, 2500 North State Street, Jackson, MS 39216).

COMMENT. Abnormalities on neurologic examination are more common in children than in adults. The infrequent occurrence or recognition of the syndrome in infants and young children is noteworthy. A review of the literature before 1960 and prior to the period examined in the Iowa study showed that 84 (37%) of 224 patients were children and of these 75 (90%) were between 5 and 15 years of age. (Millichap JG. Benign intracranial hypertension and otitic hydrocephalus. Pediatrics Feb 1959 ;23:257). Antecedent otitis media was reported in 65 (29%), and mild head injury or infection other than otitis in 66 (29%). The 93 (41%) cases classified as idiopathic occurred principally in adults in this earlier series whereas approximately one half the pediatric cases in the later