

generalized spikes, and spike-wave bitemporal discharges. MRI was normal. Brain SPECT showed abnormal perfusion in the left temporal lobe. Steroids and AEDs had no significant beneficial effects on either aphasia or behavior. (Guerreiro MM et al. Brain single photon emission computed tomography imaging in Landau-Kleffner syndrome. Epilepsia Feb 1996;37:60-67). (Reprints: Dr MM Guerreiro, Rua Camargo Paes 637, 13073-350 Campinas, Sao Paulo, Brazil).

COMMENT. Landau-Kleffner syndrome is an acquired epileptic aphasia or verbal auditory agnosia affecting children between 2 and 5 years of age and characterized by profound language dysfunction, seizures, and/or a paroxysmal EEG abnormality, and associated with a generally poor prognosis. The EEG abnormality is frequently bilateral and localization of a focal temporal lesion is often difficult. Brain SPECT in the above study, and previously reported by Morrell et al, may show hypoperfusion of the left temporal cortex.

Subpial intracortical transection in LKS. Morrell and colleagues at Rush-Presbyterian-St Luke's Medical Center and Epilepsy Center, Chicago, describe a methohexital suppression test which permits epileptiform potentials to stand out in an otherwise flat EEG. Using this technique to define a unilateral origin for the bilateral epileptiform discharge, 14 children with LKS were treated surgically by subpial intracortical transection. Eleven (79%) are now speaking, and 7 of these no longer require speech therapy. This method of treatment in selected cases appears superior to corticosteroids which have at best a temporary beneficial effect. (Morrell F et al. Landau-Kleffner syndrome. Treatment with subpial intracortical transection. Brain 1995;118:1529-1546).

VACCINE-RELATED NEUROLOGIC DISORDERS

PERTUSSIS VACCINE CNS SEQUELAE REASSESSMENT

The role of whole-cell pertussis vaccine as a cause of permanent neurologic damage has been reassessed by the American Academy of Pediatrics, Committee on Infectious Diseases, in light of new 10-year follow-up findings of the National Childhood Encephalopathy Study (NCES) in Great Britain. Although causal relationship is not definitely acknowledged, the committee now concludes that DTP vaccination can be associated with chronic neurologic dysfunction in children who had severe acute neurologic illnesses after DTP vaccination. The immunization guidelines in the 1994 *Red Book* continue to be recommended, but specific guidelines for acellular pertussis vaccines will be revised after FDA approval of new products. (AAP Committee on Infectious Diseases Report. The relationship between pertussis vaccine and central nervous system sequelae: continuing assessment. Pediatrics February 1996;97:279-281).

COMMENT. Pediatric neurologists caring for patients with increased susceptibility to precipitation or exacerbation of neurologic disorders such as seizures, behavior disorders, or language and developmental delays should use caution in advising parents concerning risks of immunizations. The AAP committee is careful to qualify their recommendations by a disclaimer rider.

Varicella vaccine-induced acute cerebellar ataxia is reported for the first time, affecting a 2-year-old boy who developed vomiting and ataxia 10 days after vaccination. MRI showed multiple demyelinating lesions. Recovery followed in 3 weeks. (Sunaga Y et al. Pediatr Neurol 1995;13:340-342).