

## **MULTIFOCAL DISCHARGES AND ICTAL CORRELATES**

Continuous EEG/video recordings on 4 children with the interictal EEG pattern of multifocal independent epileptiform discharges (MIED) are reported from the Epilepsy Center, The Johns Hopkins University School of Medicine, Baltimore, MD. The predominant seizure pattern consisted of bilateral tonic seizures with fencing postures. Most seizures arose from surgically resectable regions and epilepsy surgery performed in three patients resulted in improved seizure control. One patient had a focal resection of superior frontal-parietal cortex and two had hemidecorticectomies. Because the scalp recorded EEG data did not provide adequate localization, intracranial electrodes were placed in 2 patients prior to the resections (Burnstine TH et al. Multifocal independent epileptiform discharges in children: ictal correlates and surgical therapy. Neurology August 1991; 41:1223-1228).

**COMMENT.** The presence of bilateral independent or generalized epileptiform discharges as in patients with MIED is not an absolute contraindication to performing a hemispherectomy, according to the experience of these authors. If the majority of seizures do not originate in one hemisphere and the patient is having frequent generalized seizures, then a corpus callosotomy should be considered.

## **BENIGN PARTIAL NONROLANDIC EPILEPSIES**

The syndrome of benign partial epilepsy with particular reference to the non-rolandic types is described and the relevant literature reviewed from the Pediatric Seizure Clinic and EEG Laboratory, Beilinson Medical Center, Petah Tikva, and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Benign Partial Epilepsy is defined as a primary convulsive disorder belonging within the group of age- and localization-related idiopathic epilepsies and characterized by seizures, predominantly partial and amenable to anticonvulsant therapy, that begin in childhood and remit spontaneously before adulthood. The seizures, usually short and mild, include motor and/or somatosensory symptoms and tend to generalize. They are of variable frequency and occur more frequently in sleep. EEG reveals typical focal features on a normal background that tend to normalize during adolescence. Benign epilepsy occurs in normal children having no neurological or intellectual deficits and no history of brain damage. Benign partial epilepsies other than the rolandic type include occipital epilepsy, benign frontal epilepsy, benign epilepsy with affective symptomatology, benign epilepsy with extreme somatosensory evoked potentials, benign partial epilepsy of adolescence and benign epilepsy associated with multiple spike foci. The Landau-Kleffner syndrome is sometimes included among the benign epilepsies because the seizures cease before the age of 12 and the EEG normalizes before the age of 15. Aphasia resolves completely or partially in only 50% of patients. Headache and vomiting or migrainous symptoms are common in benign occipital epilepsy. Children with benign occipital epilepsy associated with headache respond best to phenytoin which relieves both seizures and headaches. (Lerman P, Kivity S. The benign partial nonrolandic epilepsies J Clin Neurophysiol July 1991; 8:275-285).