

Neuro June 1995;37:810-814). (Respond: Dr Mott, Department of Neurology, Children's National Medical Center, 111 Michigan Ave, NW, Washington, DC 20010).

COMMENT. Neurologic complications of bone marrow transplantation in children with leukemia are a common occurrence. These have included seizures, infections, and encephalopathies, but Parkinsonian symptoms associated with amphotericin B appear to be unique.

HEMORRHAGIC SHOCK AND INFANTILE ENCEPHALOPATHY

The clinical characteristics, treatment and possible causes of hemorrhagic shock and encephalopathy in infants are described and a 5-month-old patient is reported from the Section of Neurology, The Children's Mercy Hospital, Kansas City, MO. The infant presented with fever and irritability. She developed respiratory distress, requiring endotracheal intubation, followed by cardiorespiratory arrest. Excessive bleeding from puncture sites was associated with a disseminated intravascular coagulopathy. Admission diagnosis was septic shock. Other complications of this encephalopathy are bloody diarrhea and hepatorenal failure. Treatment requires fluids and electrolytes, fresh frozen plasma, and vitamin K. Hyperthermia appeared important in causation. (Chaves-Carballo E. Hemorrhagic shock and encephalopathy: a new neurologic syndrome in infants. Acta Neuropediatr 1995;1:178-184). (Reprints: Dr E Chaves-Carballo, Section of Neurology, Children's Mercy Hospital, 2401 Gillham Road, Kansas City, MO 64108).

COMMENT. The syndrome was first described in Great Britain in 1983 as cited by the author (Levin M et al. Lancet 1983;2:64-67). The differential diagnosis includes septic shock, toxic-shock syndrome, Reye syndrome, and hemolytic-uremic syndrome. Early aggressive therapy was recommended.

BRAIN NEOPLASMS

BRAIN TUMORS AND INFANTILE SPASMS

Two patients, aged 6 and 7 months, with brain tumors who presented with infantile spasms and hypsarrhythmia are reported from Sapporo and Asahikawa Medical Universities, Japan. One had a hypothalamic hamartoma and the other a oligoastrocytoma with calcification in the right temporal lobe. ACTH controlled spasms and EEG seizure discharges. (Asanuma H et al. Brain tumors associated with infantile spasms. Pediatr Neuro May 1995;12:361-364). (Respond: Dr Asanuma, Department of Pediatrics, Sapporo Medical University, School of Medicine, S1 W16, Cho-ku, Sapporo, 060, Japan).

COMMENT. The authors cite 9 additional reports in the literature of brain tumors associated with infantile spasms. Focal brain lesions may underly the origin of infantile spasms. Brain tumor was not listed as a cause of infantile spasms in an epidemiological study involving 57 patients treated in Sweden for the period 1987-1991. (Sidenvall R, Eeg-Olofsson O. Epilepsia July 1995;36:572-574).

PINEAL AND EPENDYMAL CYSTS AND INFANTILE SPASMS

A 3-month-old infant with infantile spasms and hypsarrhythmia

associated with multiple pineal cysts and an ependymal cyst is reported from Marmara University Medical Center, Istanbul, Turkey. Despite total surgical resection of the cysts, spasms persisted. (Ozek E et al. Multiple pineal cysts associated with an ependymal cyst presenting with infantile spasms. Child's Nerv Syst April 1995;11:246-249). (Dr E Ozek, Department of Pediatrics, Marmara University Medical Center, Tophanelioglu cad No 13-15, TR-81190 Altunizade-Istanbul, Turkey).

COMMENT. The authors considered the cysts to be coincidental and not the cause of the infantile spasms. Although ACTH was administered - post-operatively - the response was not noted.

SEIZURE DISORDERS

SELF-INDUCED PHOTOGENIC SEIZURES

The characteristics of photogenic self-induced seizures and their treatment by optical filters in a 2-year-old boy with severe myoclonic epilepsy in infancy are reported from the National Epilepsy Center, Shizuoka Higashi Hospital, Japan. Between 17 and 20 months of age the boy began to induce absences and/or myoclonic jerks by flickering hand movements (FHM) and forced eye closure (FEC). Continuous wearing of a filter decreased the average daily frequency of FHM and, after 10 days, FHM disappeared even without a filter. FHM could also be inhibited by a blank goggle frame, but this placebo effect gradually subsided, while the filter effects were maintained. Optical studies showed that a degree of absorption from 600-700 nm accounted for the filter effect. Blue-tinted contact lenses were tolerated better than goggles and could not be removed. Photosensitivity was gradually reduced and FHMs were not resumed after a period of 6 months, even after removal of the lenses. (Takahashi Y, Seino M et al. Self-induced photogenic seizures in a child with severe myoclonic epilepsy in infancy: Optical investigations and treatments. Epilepsia July 1995;36:728-732). (Reprints: Dr Y Takahashi, Department of Pediatrics, Gifu University School of Medicine, 40 Tsukasa, Gifu 500, Japan).

COMMENT. Tinted contact lenses were effective in reduction of photosensitivity in a 2-year-old child. The authors recommend continuous use of tinted contacts during daytime from morning to evening in young patients with photogenic seizures.

ELECTRONIC SCREEN GAMES AND FIRST SEIZURE

The incidence of a first seizure triggered by electronic screen games in subjects without a history of epilepsy was determined by reviewing reports from 118 EEG departments in Great Britain during two 3-month periods, and analysing the data at the National Society for Epilepsy, Gerrards Cross Bucks, and Department of Clinical Neurophysiology and Institute of Neurology, National Hospital, London, UK. The EEG showed a photoparoxysmal response, or there was clinical evidence of photosensitivity, repeat seizures on further exposure to the games, and/or occipital spikes in the resting EEG. The age range of the majority of patients (103/118) was 7 to 19 years. Within this age group, the annual incidence of first seizures triggered by playing electronic screen games was estimated at 1.5/100,000. (Quirk JA, Fish DR et al. First seizure associated with playing electronic screen games: a community-based study in Great Britain. Ann Neurol June 1995;37:733-737). (Respond: Dr Fish, The National