

SEIZURE DISORDERS

EPILEPTIC SYNDROMES AND PHOTOSENSITIVE SEIZURES

The clinical features of different types of photic-induced seizures and epileptic syndromes characterized by visual sensitivity are reviewed from the University of Pisa, Italy, and Centre St Paul, Marseille, France. Seizure types associated with clinical photosensitivity include eyelid myoclonus, generalized myoclonic jerks, tonic-verse seizures, absence, generalized tonic clonic, and focal seizures. Epileptic syndromes with photic-induced seizures include benign myoclonic epilepsy in infancy, absence epilepsy, juvenile myoclonic epilepsy, epilepsy with myoclonic-astatic seizures, primary reading epilepsy, severe myoclonic epilepsy of infancy, photosensitive occipital lobe epilepsy, and progressive myoclonus epilepsies (PME). PME with photic sensitivity are symptoms of neuronal ceroid lipofuscinosis, Lafora's disease, Unverricht-Lundborg disease, and myoclonus epilepsy and ragged red fibers (MERRF). Visually induced seizures can be generalized or focal, idiopathic or symptomatic, or represent a pure reflex photosensitive epilepsy. (Guerrini R, Genton P. Epileptic syndromes and visually induced seizures. *Epilepsia* January 2004;45 (Suppl 1):14-18). (Reprints: Dr R Guerrini, Division of Child Neurology and Psychiatry, University of Pisa & IRCCS Fondazione Stella Maris, via dei Giacinti 2, 56018 Calambrone, Pisa, Italy).

COMMENT. The treatment of photosensitive epilepsies involves preventive measures and antiepileptic medications (AED). (Covanis A et al. *Epilepsia* Jan 2004;45(Suppl 1):40-45; Bureau M et al. *Epilepsia* Jan 2004;45(Suppl 1):24-26). Preventive measures include the following: avoid stimuli (eg TV, videogames); use small TV, 100-Hz screen, remote control, sit >2 m away from screen, wear spectacles, avoid stress and fatigue. Usually a combination of avoidance of stimuli and an AED is necessary. Valproate (VPA) is the AED of first choice, and lamotrigine is second choice. Other drugs recommended are clobazam, levetiracetam, ethosuximide, and topiramate.

CEREBRAL CYSTICERCOSIS AND SEIZURES

A 15-year-old Peruvian girl with neurocysticercosis is reported from Cornell University, New York, and Institute Neurologicas, Lima, Peru. She had a 3-month history of headache, vomiting, and visual obscuration and a one month history of incoherent speech, confusion, and visual and auditory hallucinations. Examination revealed papilledema, neck stiffness, and psychomotor retardation. MRI of brain showed numerous diffuse cystic areas with a dramatic "Swiss cheese" appearance. The cysts in the cerebral cortex were bright on T2-weighted images, and were also apparent in the tongue and ventricles on T1 scans. FLAIR demonstrated a bright image of a scolex in the cysts. Stools showed ova of the pork tapeworm, *Taenia solium*. Western blot analysis was positive for cysticercosis. Treatment with albendazole (15 mg/kg/day) and prednisone (60 mg/day) for one month was effective. At 8 month follow-up, recovery was complete and MRI showed resolution of the cysts. (Sander HW, Castro C. Neurocysticercosis. *N Engl J Med* January 15, 2004;350:266).