

Developmental outcomes in children receiving resection surgery for medically intractable infantile spasms. Dev Med Child Neurol July 1997;39:430-440). (Respond: Dr Robert F Asarnow PhD, Department of Psychiatry and Behavioral Sciences, UCLA School of Medicine, 48-240C, NP1, 760 Westwood Plaza, Los Angeles, CA 90024).

COMMENT. Developmental outcome in children undergoing cortical resection for infantile spasms is correlated with presurgical developmental levels and the time exposed to uncontrolled seizures. The earlier the surgery, the shorter the exposure to adverse effects of seizures on cognitive functioning. Candidates for surgery have focal or lateralized pathology, a factor that might contribute to the better than average developmental outcomes in the above series. Nonetheless, resective surgery appears to result in improved outcomes for children with ACTH-refractory infantile spasms.

RISK OF STATUS EPILEPTICUS IN SYMPTOMATIC EPILEPSY

Risk factors for status epilepticus (SE) in 44 children with a diagnosis of symptomatic epilepsy were examined in a retrospective case-controlled (88 children with symptomatic epilepsy without SE) study at the Schneider Children's Hospital, New York. Independent predictors of risk of SE were: 1) focal EEG background abnormalities, 2) partial seizures with secondary generalization, 3) SE as first seizure, and 4) MRI generalized abnormalities. (Novak G, Maytal J, Alshansky A, Ascher C. Risk factors for status epilepticus in children with symptomatic epilepsy. Neurology Aug 1997;49:533-537). (Reprints: Dr Gerald Novak, Rm 267, Division of Neurology, Schneider Children's Hospital, New Hyde Park, NY 11040).

COMMENT. Patients with symptomatic seizures of a partial secondarily generalized type and associated with EEG focal background abnormalities and generalized MRI pathology are at increased risk for status epilepticus and should be treated aggressively with long term preventive antiepileptic medication. In a previous study at the Montefiore Medical Center, Bronx, NY, Maytal J and associates found the risk of unprovoked seizures following status epilepticus was 30%. For a review of status epilepticus, causes and management, see Progress in Pediatric Neurology 1, 1991, pp 97-99; VOL II, 1994, pp 85-91; and VOL III, 1997, pp 100-105.

Rectal diazepam seizure prophylaxis. The introduction of the long awaited rectal diazepam for use in the US, as **Diastat® gel**, should permit prompt administration by parents in selected patients with refractory symptomatic seizures and recurrent febrile seizures, so that SE may be avoided without chronic administration of toxic levels of anticonvulsant drugs. Rectal diazepam in suppository form has been available in the UK for more than a decade (Ped Neur Briefs Jan 1988;2:7) and is also prescribed in Japan. In a recent study of 50 children at Kenwakai Hospital, Iida, Nagano, Japan, Wada H and Hattori Y found that transient side effects of diazepam prophylaxis of febrile seizures occurred in 34 and triggered parental anxiety in 15 (30%) of mothers interviewed. Side effects included sedation, ataxia and excitation, and occurred with dose levels of 0.4 mg/kg (< 4 years of age) or 0.35 mg/kg (> 4 years) given twice at 8 hr intervals. (Brain Dev July 1997;19:374). Rectal diazepam seizure prophylaxis was safe and effective, but parental anxiety regarding transient side effects should be allayed by adequate educational counselling.