

COMMENT. The authors advise complete clinical screening (including brain CT scan) of parents of sporadic TSC patients. A mild phenotype associated with somatic mosaicism might otherwise be missed. In the absence of signs of TSC, only 2% of parents will show gonadal mosaicism.

SEIZURE DISORDERS

NEONATAL EPILEPSIES AND SEIZURE EVOLUTION

The evolution of epileptic syndromes in 75 children with EEG-confirmed epilepsies of neonatal onset was studied at Nagoya University, Japan. Seizures were partial in 63 (84%) patients followed for a minimum of 3 years, including 23 with benign neonatal convulsions; generalized in 9; and both generalized and partial in 3. Partial seizures occurred with idiopathic and symptomatic epilepsies, whereas generalized seizures were present mainly in early infantile epileptic encephalopathy. Seizures were cryptogenic in 7 infants, despite intractable partial seizures, and none developed into other epileptic syndromes. Of 44 patients with symptomatic epilepsies, 18 (41%) developed West syndrome (WS). Fifteen of these WS patients had presented with localization-related epilepsy as neonates, and of these, 7 developed localization-related epilepsy after WS was diagnosed. (Watanabe K, Miura K, Natsume J, Hayakawa F, Furune S, Okumura A. Epilepsies of neonatal onset: seizure type and evolution. *Dev Med Child Neurol* May 1999;41:318-322). (Respond: Dr Kazuyoshi Watanabe, Department of Pediatrics, Nagoya University School of Medicine, 65 Tsurumai-cho, Showa-ku, Nagoya 466-8550, Japan).

COMMENT. Benign neonatal convulsions, classified as generalized epilepsies in the International Classification, should be reclassified as partial, localization-related epilepsy. The term "age-dependent epileptic encephalopathy" is usually applied to cases of early infantile epileptic encephalopathy which evolve into West syndrome and later Lennox-Gastaut syndrome. Symptomatic localization-related epilepsy with transient West syndrome in infancy is recognized as an additional age-dependent epileptic syndrome.

The **burst-suppression electroencephalogram** is discussed by Niedermeyer E et al ([Clinical EEG](#) July 1999;30:99-105). Generalized burst-suppression (BS) in the EEG may occur with 'Early Infantile Epileptic Encephalopathy' (Ohtahara syndrome) and 'Early Myoclonic Encephalopathy' (Aicardi and Goutieres). It is also observed in deep stages of anesthesia and sedative overdose, with cardiorespiratory arrest, and undercutting of the cortex. "The term BS should not be applied to the brief flat stretches that may occur during NREM sleep in infants with hypsarrhythmia."

PARENTS' FEAR OF FEBRILE SEIZURES

Parents' perceptions and knowledge about fever and febrile seizures were determined by a questionnaire study at the Sophia Children's Hospital, Rotterdam, The Netherlands. Of 230 parents of children who participated in a randomized controlled trial of ibuprofen to prevent recurrence of febrile seizures, 181 (79%) responded to the questionnaire. Each child had been treated in the emergency room because of a febrile seizure, and the risk factors for seizure recurrence included a positive family history of febrile seizures, a multiple type seizure, a temperature below 40.0°C at the initial seizure, and previous febrile seizure recurrence. The parents were informed of the generally benign nature of the