

measures of executive function, since the caregiver observes the child during unstructured daily activities. The test requires 10 minutes to administer and may be completed from the physician's office. When reports are suggestive of executive dysfunction, a more extensive neuropsychological evaluation is indicated to define the symptoms of ADHD and signs of cognitive dysfunction, the frequent sequelae of TBI. Several articles connecting symptoms of ADHD and learning disorders with TBI are cited in the literature.

## **SEIZURE DISORDERS**

### **CLEFT PALATE IN INFANTS EXPOSED TO LAMOTRIGINE DURING PREGNANCY**

Infants with major malformations born to 791 women who had taken lamotrigine as monotherapy during the first trimester of pregnancy, and had enrolled in the North American AED Pregnancy Registry, were identified in a study at the Genetics and Teratology Unit, MassGeneral Hospital for Children, Boston, and Boston University School of Medicine, MA. Of 684 lamotrigine-exposed infants included, 16 (2.3%) had major malformations identified at birth. Five (7.3/1000) had oral clefts: isolated cleft palate (3), isolated cleft lip (1), and cleft lip and palate (1). In comparison, the prevalence of isolated oral clefts in 206,224 unexposed infants born at Brigham and Women's Hospital, Boston, was 0.7/1000 and one tenth that of exposed infants. Of infants enrolled in 5 other registries, 1,623 were exposed to lamotrigine, as monotherapy, and 4 had oral clefts, a prevalence of 2.5/1000. (Holmes LB, Baldwin EJ, Smith CR, et al. Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy. *Neurology* May 27, 2008;70:2152-2158). (Reprints: Dr LB Holmes, Genetics Unit, MassGeneral Hospital for Children, CPZS-504, 175 Cambridge Street, Boston, MA 02114. E-mail: [holmes.lewis@mgh.harvard.edu](mailto:holmes.lewis@mgh.harvard.edu)).

COMMENT. Infants exposed to the anticonvulsant lamotrigine during the first trimester of pregnancy have an increased risk of an isolated cleft palate or cleft lip deformity.

### **TREATMENT OF REFRACTORY STATUS EPILEPTICUS**

The literature on the management of refractory status epilepticus is reviewed and a treatment algorithm suggested by researchers at Children's Hospital of Philadelphia, PA. The definition of status epilepticus (according to Wasterlain et al, 2006) is divided into an 'impending' or early stage (5-30 min) and an 'established' stage of status epilepticus (30-60 min). Impending status epilepticus is a continuous generalized convulsive seizure for at least 5 min, or continuous non-convulsive seizures or focal seizures for at least 15 min, or two seizures without full recovery of consciousness between them. Established status epilepticus is a continuous seizure for at least 30 min, or intermittent seizures without full recovery of consciousness for 30 min. In refractory status, seizures persist despite treatment with 2 or 3 anticonvulsant medications for 30 min, 1 hr, 2 hrs or longer. Based on the literature review, the recommended protocol for impending status epilepticus (SE), <5 min, begins with buccal midazolam or rectal diazepam, before arrival at hospital. After 5 min, give lorazepam or