(13%). Many of the psychiatric disorders had not previously been diagnosed despite parental concern. (Steffenburg S et al. Psychiatric disorders in children and adolescents with mental retardation and active epilepsy. Arch Neurol Sept 1996;53:904-912). (Respond: Dr Suzanne Steffenburg, Department of Child and Adolescent Psychiatry, University of Goteborg, Annedals Clinic, S-413 45 Goteborg, Sweden).

COMMENT. Autism or autistic-like disorder are common in children with mental retardation and epilepsy and are frequently undiagnosed. Neurologists and psychiatrists might work in closer collaboration for optimal management of these patients.

SEIZURE DISORDERS

FAMILIAL TEMPORAL LOBE EPILEPSY IN TWINS

A new syndrome of familial temporal lobe epilepsy is described in 38 subjects from 13 unrelated families and was first identified in 5 concordant monozygotic twin pairs at the Australian National Health and Medical Research Council Twin Registry, University of Melbourne, Parkville, Australia. Seizure types were simple partial seizures with psychic or autonomic symptoms, infrequent complex partial seizures, and rare secondarily generalized seizures. EEGs showed focal temporal interictal epileptiform discharges in 22%. MRIs were normal. Autosomal dominant inheritance with age-dependent penetrance was likely. Some family members were affected with only mild and subtle seizure manifestations. (Berkovic SF et al. Familial temporal lobe epilepsy: A common disorder identified in twins. Ann Neurol Aug 1996;40:227-235). (Respond: Dr Samuel F Berkovic, Department of Neurology, Austin and Repatriation Medical Centre, Heidelberg (Melbourne), Victoria 3084, Australia).

COMMENT. Onset of familial temporal lobe epilepsy (TLE) is typically in adolescence or early adult life, whereas TLE with hippocampal sclerosis (HS) usually begins in childhood. Febrile seizures, often preceding the TLE of HS, were not increased in frequency in family members of familial TLE subjects. The mild and subtle nature of familial TLE may explain the previous infrequent reports of similar syndromes. Bray PF and Wiser WC have described the hereditary characteristics of familial temporo-central focal epilepsy, and the above authors suggest that some of their cases persisting into adulthood might represent examples of familial TLE. (Pediatrics 1965;36:207-211).

UNPROVOKED SEIZURES WITH FEBRILE SEIZURES

Unprovoked seizures occurred in 26 (6%) of 428 children followed for 2 years or more after a first febrile seizure at the Montefiore Medical Center, Bronx, NY. Risk factors for unprovoked seizures were neurodevelopmental abnormalities, complex febrile seizures, family history of epilepsy, recurrent febrile seizures, and a briefer duration of fever before the initial febrile seizure. Family history of febrile seizures, temperature and age at the initial febrile seizure were not associated risks for unprovoked seizures. (Berg AT, Shinnar S. Unprovoked seizures in children with febrile seizures: Short-term outcome. Neurology Aug 1996;47:562-568). (Reprints: Dr Anne T Berg, Social Science Research Institute, Northern Illinois University, DeKalb, IL 60115).