

with Rasmussen syndrome. This familial disorder may represent a variant of the classically sporadic and unilateral Rasmussen syndrome. (Silver K, Andermann F, Meagher-Villemure K. Familial alternating epilepsy partialis continua with chronic encephalitis. Another variant of Rasmussen syndrome? Arch Neurol May 1998;55:733-736). (Respond: F. Andermann MD, Montreal Neurological Hospital, 380 University St, Montreal, Quebec, Canada H3A 2B4).

COMMENT. A familial syndrome is described involving two brothers with symptoms and pathology resembling Rasmussen syndrome but with unusual characteristics of bilateral seizure and paresis involvement, early age of onset, and rapid deterioration. A history of parental consanguinity suggests an autosomal recessive inheritance.

ACADEMIC ACHIEVEMENT IN CHILDREN WITH EPILEPSY

Academic achievement, measured by school-administered group tests, child attitudes and self-concept, and teachers rated school adaptive functioning were compared in 117 children with epilepsy and 108 with asthma, ages 8 to 12 years, and data were analyzed at the Indiana University Schools of Nursing, Education, and Medicine, Indianapolis. Children with epilepsy had significantly lower achievement scores, and boys with severe epilepsy were most at risk. Negative attitudes towards the illness and poor self-esteem, and lower school adaptive functioning scores were also related to poor academic achievement. (Austin JK, Huberty TJ, Dunn DW. Academic achievement in children with epilepsy and asthma. Dev Med & Child Neurol April 1998;40:248-255). (Respond: Joan K Austin, Indiana University School of Nursing, 1111 Middle Drive, NU492, Indianapolis, IN 46202).

COMMENT. Children with epilepsy and especially boys with severe epilepsy are at risk of academic underachievement. Deficiencies of neuropsychological function, particularly language skills and attention, have been reported in children with epilepsy. Reduced parental expectations for academic achievement in children with epilepsy lead to impaired school performance. Parent, teacher, and child counseling are essential adjuncts to AED therapy in the management of epilepsy in children. Some local branches of the Epilepsy Foundation of America have volunteer board members who give short talks on epilepsy in grade schools. An increased understanding of epilepsy among school children and peers leads to a heightened self concept of patients.

ANTICONSULSANTS AND LIVER TOXICITY

LAMOTRIGINE-INDUCED ACUTE HEPATIC FAILURE

An 8-year-old boy with seizures who developed acute hepatic failure during treatment with lamotrigine is reported from the Department of Pediatrics, Columbia University, New York. The patient was first admitted because of aggressive behavior, ataxia, and tremor caused by valproic acid (VPA) treatment. VPA level was 64 mcg/ml, and blood and liver function tests were normal. Lamotrigine was substituted for the VPA and thioridazine added. Two weeks after discharge, fever, vomiting, headaches and diplopia developed. Thioridazine was discontinued. Three days later, the child entered hospital with jaundice, hepatomegaly, elevated liver enzymes, and coagulopathy. The lamotrigine level was 30 mcg/ml (N, 1 - 3). The drug was discontinued, the boy was treated with iv fluids and vitamin K 5 mg im, and he recovered within one week. The hepatic failure was believed to be caused by lamotrigine. (Arnon R, DeVivo D, Defelice AR,