effects. The present report involving the use of synthetic ACTH confirms previous studies in Japan, using natural ACTH (Hrachovy RA et al. High-dose, long-duration versus low-dose, short-duration corticotropin therapy for infantile spasms. J Pediatr 1994;124:803-806; Fois A et al. Brain Dev 1987;9:82-84; and Ito M et al. Pediatr Neurol 1990;6:240-244). Proponents of high-dose ACTH include Snead OC et al. Neurology 1989;39:1027-1031; and Bobele GB, Bodensteiner JB. Neurologic Clinics Aug 1990, Philadelphia, WB Saunders. See Progress in Pediatric Neurology I, PNB Publ, 1991;pp30-34, for further discussion of ACTH in treatment of infantile spasms.

SHORT-TERM MORTALITY AFTER FIRST EPILEPTIC SEIZURE

The short-term mortality in a prospective study of a cohort of 804 patients, aged 2 months to 94 years, with a first seizure was determined at the University Hospitals of Bordeaux and Montpellier, France. At 1-year follow-up, 149 patients had died as compared to 16 expected deaths. None who died had idiopathic seizures. Mortality was increased in patients with remote symptomatic seizures, provoked seizures, and seizures due to progressive neurologic disease. Only 6% of deaths were seizure-related. The majority (64%) were caused by the underlying pathology, 20% an unrelated condition, and 9% unknown factors. (Loiseau J, Picot M-C, Loiseau P. Short-term mortality after a first epileptic seizure: a population-based study. Epilepsia Oct 1999;40:1388-1392). (Reprints: Dr P Loiseau, 4 allee de Carabin, 33460 Arsac, Bordeaux, France).

COMMENT. Early mortality following a first epileptic seizure is rarely related to the seizure per se and is determined by the underlying etiology, especially those with underlying pathology and with seizures caused by progressive neurologic disease, or by unrelated conditions. Provoked seizures must be distinguished from unprovoked seizures, when determining risk factors for a poor prognosis in epilepsy.

ANTICONVULSANT DRUGS

ADVERSE EFFECTS OF TOPIRAMATE

The effectiveness and safety of topiramate in 87 children with intractable epilepsy treated at three Canadian Centers were evaluated at the IWK-Grace Health Centre, Halifax, NS, Canada. Seizure reduction was >90% in 8 (9%), 50-90% in 21 (24%), and <50% in 54 (62%) of patients. Treatment was discontinued in 36 (41%) because of adverse events, especially cognitive dulling, in 27 (31%). The occurrence of cognitive dulling was not related to the rate of dose escalation and final dose level. (Dooley JM, Camfield PR, Smith E, Langevin P, Ronen G. Topiramate in intractable childhood onset epilepsy - a cautionary note. Can J Neurol Sci Nov 1999;26:271-273). (Reprints: Dr JM Dooley, Neurology Division, IWK-Grace Health Centre, 5850 University Ave, Halifax, Nova Scotia, Canada B3J 3G9).

COMMENT. Cognitive dysfunction can be a serious and frequent side effect of topiramate treatment of intractable epilepsy in children.

AED-ASSOCIATED MAJOR CONGENITAL ABNORMALITIES

The risk of major congenital abnormalities associated with maternal antiepileptic drug (AED) therapy during the first trimester of pregnancy was determined in 1,411 children born between 1972 and 1992 in four provinces in the Netherlands, and compared to 2000 nonepileptic matched controls. The risk