

incoordination, and sensori-perception impairments ("minimal brain dysfunction" or MBD) is an important part of the work-up of a child at risk of ADD. The omission of signs of impaired motor control and perception from the diagnostic criteria for ADHD excludes many ADD children with significant classroom dysfunction. A return to the former, more objective MBD criteria, in addition to the subjective, symptomatic criteria for ADHD, would lead to the earlier recognition of children with increased risk of classroom dysfunction sufficient to demand medical, psychological, and educational therapy. See [Progress in Pediatric Neurology III](#), PNB Publ, 1997;pp204-205, for a review of previous Scandinavian reports of the DAMP syndrome and ADHD.

Huttenlocher PR (1990) and Millichap JG (1974) have emphasized the value of neurologic soft signs in the prediction of learning disabilities in preschool children and the correlation with hyperactive behavior and response to methylphenidate. (see [Progress in Pediatric Neurology I](#), 1991;pp167-8).

### ATTENTION DEFICITS, ADHD, AND COMPLEX PARTIAL SEIZURES

The degree of attention deficits in children with complex partial seizures (CPS), with and without ADHD, were compared with that found in children with ADHD but without epilepsy, in a study at the Department of Educational Psychology, University of Texas, Austin. A computerized performance test (CPT), evaluating sustained attention, inhibition of response, response time, and consistency of response, was completed by 12 children with CPS and ADHD, 21 with CPS alone, 22 with ADHD alone, and 15 controls. CPT performance was unrelated to IQ scores on the WISC-R. Children with CPS and ADHD had the lowest scores on the CPT. Children with CPS had impaired sustained attention regardless of the diagnosis of ADHD. Antiepileptic medication, usually carbamazepine, taken by 78% of the patients with CPS was considered an unlikely cause of the attention deficits. Methylphenidate administered to patients with ADHD improved performance of the CPT in both the group with seizures and without. (Semrud-Clikeman M, Wical B. Components of attention in children with complex partial seizures with and without ADHD. [Epilepsia](#) February 1999;40:211-215). (Reprints: Dr M Semrud-Clikeman, Department of Educational Psychology, SZB 504, University of Texas, Austin, TX 78413).

COMMENT. Complex partial epilepsy is associated with attention problems that interfere with learning and memory. In patients with CPE complicated by ADHD, methylphenidate has a similar beneficial effect on attention as that observed in children with ADHD without seizures.

An EEG is indicated in children with ADHD who have episodes of confusion or staring that interfere with attention and learning. Treatment with carbamazepine may be advisable before the initiation and addition of stimulant medication. CBZ-induced lowering of MPH blood levels is reported (see p.15).

### ARACHNOID CYST DECOMPRESSION AND COGNITIVE RECOVERY

A 20-year-old right-handed male with a large left temporal arachnoid cyst, discovered incidentally by CT following a kick to the head with brief loss of consciousness, is reported from the University of Texas Medical Branch, Galveston, TX. MRI revealed a mass effect with midline shift and left temporal lobe hypoplasia. Severe headaches had increased in frequency for one year after the head trauma. Early history and developmental milestones were normal, but learning disabilities and behavior disorder lead to school drop-out at 11th grade. Pre-surgery psychological testing revealed a borderline verbal IQ of 76 and average performance IQ of 90, with clinical discrepancy in verbal (left hemisphere) and visual-perceptual/constructional (right hemisphere) skills.