at seizure onset, a diffuse irritative zone on EEG, and extensive focal cortical resections affecting multiple lobes. Patients having hemispherectomies did better than those with focal cortical resections. (Sugimoto T, Otsubo H, Hwang PA, Hoffman HJ, Jay V, Snead OC III. Outcome of epilepsy surgery in the first three years of life. Epilepsia May 1999;40:560-565). (Reprints: Dr T Sugimoto, Department of Pediatrics, Kansai Medical University Otokoyama Hospital, Izumi 19, Otokoyama, Yawata, Kyoto, 614 Japan).

COMMENT. Young children with refractory epilepsy may benefit from surgery, especially in those showing concordance of ictal video-EEG and neuroimaging data. The outcome in children undergoing hemispherectomy is superior to results of focal cortical resection.

EARLY-ONSET BENIGN OCCIPITAL SEIZURE SYNDROME

The recognition of a syndrome of early-onset benign childhood occipital seizures (EBOS) is proposed in a report from St Thomas' Hospital. London, England. The characteristic findings are infrequent partial, usually nocturnal, seizures with deviation of the eyes and vomiting, frequently evolving to hemi- or generalized convulsions, with onset between 1 and 12 years, usually at age 5 years. Behavioral changes with irritability are frequent, and retching, coughing, and incontinence may occur. The prognosis is excellent, one third having only one seizure, and remission occurs within one year from onset. EEG shows occipital spikes, especially in sleep. Centrotemporal spike foci may occur later and a few develop rolandic seizures. (Panayiotopoulos CP. Early-onset benign childhood occipital seizure susceptibility syndrome: a syndrome to recognize. Epilepsia May 1999;40:621-630). (Reprints: Dr CP Panayiotopoulos, St Thomas' Hospital, London SE1 7EH, England).

COMMENT. Dr Panayiotopoulos proposes an addition to the classification of childhood epilepsy syndromes, with recognition of an early-onset benign occipital seizure syndrome (EBOS), sharing identical EEG manifestations with late-onset idiopathic occipital epilepsy (LOE), but having more common clinical features with rolandic seizures (BECTS). EBOS are infrequent, mainly nocturnal, and remit usually within one year, whereas LOE are diurnal and usually persist for years. A unified concept for benign childhood partial epilepsies might be preferred, since clinical and EEG characteristics are often shared, and one syndrome may evolve into another. We must await the determination of genetic markers.

RISK OF SEIZURE-RELATED AUTOMOBILE ACCIDENTS

A retrospective case-control study to identify clinical risk factors for seizure-related motor vehicle crashes in 50 patients with epilepsy and 50 matched control patients was performed at Johns Hopkins University, Baltimore, MD. The majority (54%) of patients who crashed were driving illegally, having a history of poor seizure control; 25% had more than one crash related to a seizure and 20% had missed a dose of medication just prior to the crash. Patients with well controlled epilepsy, and no seizure recurrence for more than 12 months had a 93% reduction in risk of a crash, compared to patients with more frequent seizure recurrence. The presence of reliable auras with seizures, and few prior nonseizure-related accidents decreased the odds of seizure-related accidents. (Krauss GL, Krumholz A, Carter RC, Li G, Kaplan P. Risk factors for seizure-related motor vehicle crashes in patients with epilepsy. Neurology April 1999;52:1324-1329). (Reprints: Dr Gregory L Krauss, Meyer 2-147, 600 N Wolfe St, Baltimore, MD 21287).