

COMMENT. Long-term VPA and LTG therapy, especially in combination, is associated with short stature, low bone mineral density, and reduced bone formation. These effects on growth and bone metabolism are correlated with reduced physical activity. Although a specific effect of the anticonvulsant medication on growth and bone mass is unproven, further studies are indicated.

CELIAC DISEASE AND LOCALIZATION-RELATED EPILEPSIES

The incidence of silent celiac disease (CD) in children with idiopathic localization epilepsies and the indications for routine CD screening were determined in a study of 72 patients (31 girls and 41 boys; mean age 12.6 years; age at onset 6.4 years) observed over a 5 year period at the Institute of Neurology and Gastroenterology, University Magna Graecia of Catanzaro, Italy. The enzyme-linked immunosorbent assay (ELISA) for anti gliadin antibodies (AGA) and the immunofluorescent unidirected test for antiendomysium antibodies (AEA) were used to confirm a diagnosis of CD. ELISA has >96% sensitivity and 97% specificity for IgA-AGA and IgG-AGA antibodies. AEA is a more specific but less sensitive test than AGA. Twenty five patients had childhood partial epilepsy with occipital paroxysms (CPEO), and 47 had CPE with centrotemporal spikes (CPEC). Two patients (8%) in the CPEO group had antiendomysium immunoglobulin (Ig) A antibodies, and their jejunal biopsies showed atrophy of the villi and hyperplasia of crypts, confirming the diagnosis of CD. Brain CT was normal in one and showed occipital cortical-subcortical calcifications in the other. Treatment with a gluten-free diet was followed by seizure remission, and no calcifications developed in the patient with a normal CT after 3 year follow up. None of the patients with CPEC had positive antibody tests for CD. (Labate A, Gambardella A, Messina D et al. Silent celiac disease in patients with childhood localization-related epilepsies. *Epilepsia* Sept 2001;42:1153-1155). (Reprints: Dr A Gambardella, Cattedra ed UO di Neurologia, Università degli studi Magna Graecia, Policlinico Mater Domini, Via Tommaso Campanella, 88100 Catanzaro, Italy).

COMMENT. Celiac disease screening is recommended in patients with childhood partial epilepsy with occipital paroxysms (CPEO). Early diagnosis of CD and dietary intervention may reverse the tendency to seizures and the development of brain calcifications. Routine screening for CD is not indicated in patients with infantile extraoccipital seizures. A new diagnostic test for CD using human recombinant tissue transglutaminase (TAGA) may be more sensitive in the diagnosis of silent forms of CD (Sblattero D et al. *Am J Gastroenterol* 2000;95:1253-7, cited by the authors).

BENIGN OCCIPITAL SEIZURE SUSCEPTIBILITY SYNDROME

Thirty seven children who met the diagnostic criteria for early-onset benign occipital seizure susceptibility syndrome (BOSSS) were followed prospectively for more than two years at the Tokyo Women's Medical University and Doaikai Hospital, Tokyo, Japan. This diagnosis accounted for 11.7% of children with localization-related epilepsy, who developed a first seizure before 13 years of age, and presented at one of two seizure clinics between 1989 and 1998. Diagnostic criteria employed were as follows: 1) normal development before seizure onset; 2) onset 1 to 8 years of age; 3) normal MRI or CT; 4) ictal vomiting and tonic eye-deviations; 5) normal EEG background activity with or without epileptic foci regardless of location. The Panayiotopoulos criterion of occipital EEG paroxysms was excluded, since EEG foci often shift to centrotemporal or frontal regions (Ferrie et al 1997; Oguni et al 1999). In this series initial EEG spike foci were occipital in 26 (70%), 17 of whom later revealed a shift in location, extraoccipital