placed more on the manufacturer of hazardous video games and regulatory agencies than on the consumer, however.

HOT WATER EPILEPSY

The clinical and electroencephalographic features of 21 patients with hot water epilepsy (HWE) have been analysed at the University of Istanbul, Turkey. The male:female ratio was 3:1. Age at onset of seizures ranged from 19 months to 27 years (mean, 12 years). Seizures were precipitated by pouring water over the head in 14 cases or by bathing in hot water. Nine expressed a pleasurable feeling during the seizures. Seizures were partial in 20, with secondarily generalized in 8, and generalized in 1. Spontaneous seizures also occurred in 62%. EEGs were abnormal in 8, with focal temporal epileptiform discharges. Neuroimaging was normal in 12 patients studied. Seizures were controlled by avoiding hot water in 7 patients. One patient who induced seizures compulsively was treated with carbamazepine (CBZ). The remaining patients responded to CBZ or valproate. (Bebek N, Gurses C, Gokyigit A et al. Hot water epilepsy: clinical and electrophysiologic findings based on 21 cases. Epilepsia Sept 2001;42:1180-1184). (Reprints: Dr C Gurses, University of Istanbul, Istanbul Faculty of Medicine/Dept Neurology, Millet cad 34390 Capa-Istanbul, Turkey).

COMMENT. Hot water epilepsy (HWE), a rare form of reflex epilepsy, has a male preponderance, may be self induced, often for pleasure, and shows temporal lobe localization of EEG epileptiform discharges. It is generally self-limited, controlled by avoiding hot water-head baths or showers, but antiepileptic medication is sometimes required.

HWE is a regional religious custom in Southern India, where 279 patients were studied between 1980-83. Ages ranged from 8 mos to 58 years, 28% below 6 years. Only 7% had febrile convulsions. Complex partial seizures occurred in 67% and generalized tonic-clonic seizures in 33%. Spontaneous seizures also occurred in 30%. A positive family history of epilepsy was obtained in 22% and for HWE in only 7%. (Satishchandra P et al. Epilepsia 1988;29:52-56). See Progress in Pediatric Neurology I, PNB Publishers, 1991;pp43-44.

VIGABATRIN-ASSOCIATED VISUAL FIELD DEFECTS

The prevalence, risk factors, and long-term outcome of vigabatrin-associated visual field defects were examined in 60 adult patients with partial epilepsy treated with vigabatrin for 7 months to 14 years at the University of Kuopio Hospital, Finland. At first examination, bilateral concentric defects occurred in 24 (40%) of 60 patients; they were severe in 8 (13%), and a mild constriction in 16 (27%). Repeated kinetic Goldmann perimetries and follow-up examination performed after 4 to 38 months (mean, 15 mos) in 55 patients (29 having discontinued therapy) revealed no reversion or progression in visual field constriction. (Nousiainen I, Mantyjarvi M, Kalviainen R. No reversion in vigabatrin-associated visual field defects. Neurology Nov (2 of 2) 2001;57:1916-1917). (Reprints: Dr Iiris Nousiainen, Department of Ophthalmology, Kuopio University Hospital, POB 1777, 70211 Kuopio, Finland).

COMMENT. The age of the patients and high cumulative doses of vigabatrin employed could be risk factors for the poor outcome and severe limiting effect on daily activities in adults. In a young patient, recovery of visual fields has been reported after early withdrawal of vigabatrin (Giordano L et al. Neurol Sci 2000;21:185-186). Duration of vigabatrin treatment (but not the dose or age of child) was correlated with visual field constriction in 65% of 17 children