2001;24:214-218). (Respond: Dr Libensen, Division of Pediatric Neurology, Floating Hospital for Children at New England Medical Center #330, 750 Washington Street, Boston, MA 02111).

COMMENT. Valproate, and to a lesser degree carbamazepine, are superior to phenobarbital in completely suppressing interictal EEG seizure activity in children with epilepsy. Whereas VPA and CBZ are equally effective in controlling generalized discharges, VPA is superior to both CBZ and PHB in suppressing focal EEG discharges, especially when the interval between EEGs is less than 1 year. VPA is also superior to ethosuximide in suppressing generalized epileptiform discharges in children with absence seizures (personal observation).

GABAPENTIN ADD-ON THERAPY FOR PARTIAL SEIZURES

The efficacy and safety of gabapentin (GBP) as add-on therapy in 237 children, aged 3 to 12 years, with refractory partial seizures were studied at the Alder Hey Children's Hospital, Liverpool, UK. In a multicenter, open-label trial over a 6 month period, efficacy of GBP was evaluated by comparing the frequency of partial seizures during a 6-12 week base-line phase of a previous double-blind study to the frequency during the follow-up study. The median percent decrease in seizure frequency was 34% and the overall response rate (>50% reduction in seizures) was 34%. Six percent of patients withdrew because of adverse events, and 20% because of lack of efficacy. Concurrent AEDs were maintained in 78%; doses were decreased in 11% and increased in 11%. (Appleton R, Fichtner K, LaMoreaux L et al. Gabapentin as add-on therapy in children with refractory partial seizures: a 24-week, multicentre, open-label study. Dev Med Child Neurol April 2001;43:269-273). (Respond: Dr Richard Appleton, Alder Hey Children's Hospital, Liverpool L12 2AP, UK).

COMMENT. Gabapentin is well tolerated and effective as add-on treatment for refractory partial seizures in children.

LANGUAGE DISORDERS

LANDAU-KLEFFNER SYNDROME: COURSE AND OUTCOME

The presentation, course and outcome of Landau-Kleffner syndrome (LKS) were studied in 18 children (11 girls, 7 boys) followed for a mean of 67 months at Guy's Hospital, London, UK. All showed receptive language regression and electrical status epilepticus in sleep (ESES). Mean age at onset was 4 years 9 months (range 25-84 months). The length of ESES (mean 44 months) was correlated significantly with length of period between onset of illness and onset of recovery, with length of daytime EEG abnormalities, seizure frequency, and period of seizures (mean 36 months). The correlation between language outcome and seizure activity was weaker than that with ESES. Receptive language outcomes for those whose ESES lasted <3 years was significantly better than those with ESES for >3 years. Behavior problems (ADHD and ODD) were common (50%), especially in patients with frontal lobe EEG abnormalities. Behavior abnormality in the acute phase was not correlated with seizure frequency, length of ESES, length of daytime EEG abnormality, nor with subsequent language outcome; there was a mild association with lower IQ. All children had impaired short-term memory at follow-up. Recovery began at a mean age of 106 months, and the mean duration of acute involvement was 50 months. Receptive and expressive language outcomes were strongly correlated, but language and IQ measures showed weaker associations. Language outcome was normal in three. In children with ESES

lasting longer than 36 months, none had normal language outcome. Multiple subpial transection should be considered if steroids are ineffective in the resolution of ESES by 36 months. (Robinson RO, Baird G, Robinson G, Simonoff E. Landau-Kleffner syndrome: course and correlates with outcome. Dev Med Child Neurol April 2001;43:243-247). (Respond: Professor RO Robinson, Newcomen Centre, Guy's Hospital, St Thomas Street, London SE1 9RT, UK).

COMMENT. In children with LKS the strongest predictor of outcome is the length of ESES. Those with recovery of language function have ESES for less than 3 years. Evolution of the syndrome is in 3 phases: 1) acute (few days to weeks) deterioration of receptive language with secondary deterioration in speech, seizures, mild behavior disturbance, centrotemporal EEG abnormalities awake and ESES in sleep; 2) chronic phase of aphasia and EEG abnormality lasting 1 to 7 years (mean 4 years), fluctuating seizures and worsening behavior disorder; and 3) stage of spontaneous improvement, occurring at a mean of 5 (range 1-9) months after resolution of ESES. Majority are left with various degrees of language impairment, particularly a verbal auditory agnosia, and full recovery is rare. Severe behavior problems (ADHD and ODD) are a common component of the syndrome and may be associated with frontal EEG abnormalities. AEDs are rarely effective and ESES is suppressed by steroids in only a minority of cases. Surgical intervention should be considered before ESES has persisted for >3 years.

Multiple subpial transection in LKS. Five children, aged 5-10 years, with LKS were treated surgically with multiple subpial transection at Guy's Hospital, London, UK (Irwin K, Birch V, Lees J et al. Dev Med Child Neurol April 2001;43:248-252). Behavior, seizure frequency, and to a lesser degree language, improved dramatically after surgery in all patients treated. ESES was eliminated by the procedure. The timing of this intervention and its effect on language outcome needs further clarification.

LANGUAGE REGRESSION IN CHILDHOOD AUTISM

The clinical characteristics of 177 children (82% male and 18% female) with language regression were identified and studied prospectively at four medical centers: Montefiore and Albert Einstein, New York, NY; St Louis Children's, MO; Miami Children's, FL; and Yale University, CT. Mean age at language regression was 22.8 months (range 12-78 months). Triggers, including family stress, birth of a sibling, moving, seizures, and infection, were identified in 29%. Time to referral to a specialist was 40 months (range 1 month to 14 years). Autistic spectrum disorder, definite (127) or suspect (28), was diagnosed in a total of 88%. Language regression at a younger age (<36 months) in 158 children correlated with a higher probability of autistic regression (91%) than in the 19 with language regression after 36 months (58%). Males with language regression developed autism more commonly than affected females (90% and 75%, respectively).

Seizures occurred in 18%, and EEG abnormalities in 37%. Seizures were more common in children who showed language regression at an older age (53% cf 14%, respectively). Autistic regression was more common in children without seizures, especially after age 36 months. At the time of the last visit, language was impaired in 88%, but some improvement had occurred in 57%. Cognition was definitely abnormal in 28%, and autism was present in 72%. (Shinnar S, Rapin I, Arnold S et al. Language regression in childhood. Pediatr Neurol April 2001;24:183-189). (Respond: Dr Shinnar, Epilepsy Mangement Center, Montefiore Medical Center, 111 E 210th St, Bronx, NY 10467).