had received initial radiotherapy. (Singhal S, Birch JM, Kerr B, Lashford L, Evans DGR. Neurofibromatosis type 1 and sporadic optic gliomas. Arch Dis Child July 2002;87:65-70). (Respond: Dr DGR Evans, Department of Medical Genetics, St Mary's Hospital, Manchester M13 0JH, UK).

COMMENT. Optic gliomas account for less than 5% of childhood brain tumors. The prevalence of neurofibromatosis in patients with optic gliomas in this study is 50% (18/36); estimates range from 10% to 70% in previous cited reports. The prevalence of symptomatic optic glioma occurring in the the above NF1 database patients is 5%. NF1 related optic gliomas are less aggressive and less likely to recur than sporadic cases. Serial eye exams are advised up to 6 years of age, and identified cases should be followed through adult life to rule out development of a second CNS tumor. Sporadic optic gliomas should be treated aggressively, and radiotherapy for NF1 optic gliomas requires clarification.

SEIZURE DISORDERS

STATUS EPILEPTICUS IN CHILDHOOD-ONSET EPILEPSY

The occurrence of status epilepticus, risk factors, and impact on prognosis were determined in a population-based cohort of 150 children (under 16 years old) with new onset epilepsy between 1961 and 1964 and followed prospectively until 1997 at Turku University Hospital, Finland. Forty one (27%) patients developed an episode of status epilepticus (SE), and 22 of these (56%) had 2 or more episodes. Thirty (73%) patients had SE before (12) or at onset (18) of epilepsy and 37 (90%) cases occurred within 2 years of onset. Risk factors for SE included remote symptomatic etiology, age of epilepsy onset at 6 years or younger, abnormal neurologic exam, partial seizures, and specific epilepsy syndromes. Prior febrile seizure was a risk factor for SE with fever and the risk was related to the age of occurrence. SE was not correlated with mortality and affected remission rates only slightly. It did not alter social and educational outcomes. (Sillanpaa M, Shinnar S. Status epilepticus in a population-based cohort with childhood-onset epilepsy in Finland. Ann Neurol September 2002;52:303-310). (Respond: Dr Sillanpaa, Department of Child Neurology, University of Turku Hospital TYKS, 20520 Turku, Finland).

COMMENT. Status epilepticus is a common occurrence in childhood-onset epilepsy. A subgroup of children appears to have a predisposition to SE that occurs early in the course of the epilepsy. The increased risk of SE is correlated with remote symptomatic seizures and younger age of onset. Despite this risk, the long-term prognosis for probability of remission, mortality, and social and educational outcomes is not compromised by the occurrence of SE. Prompt and effective treatment of SE improves the likelihood of a favorable outcome.

MRI findings within 5 days of status epilepticus were studied in 35 children treated at Great Ormond Street Hospital, London, UK. (Scott RC, Gadian DG, King MD et al. Brain September 2002;125:1951-1959). Hippocampal volumes were large in 21 children with prolonged febrile seizures and SE. Patients with afebrile SE had elevated hippocampal T2 values but no hippocampal enlargement. A longitudinal study is required to determine the risk of mesial temporal sclerosis, especially in patients with prolonged febrile seizures and hippocampal edema and enlargement.