COMMENT. Pooled analysis of the British trials data failed to show any overall value in the prophylactic treatment of febrile convulsions with either phenobarbital of valproate. With side-effects reported in up to 40% of the treated group, continuous anticonvulsant therapy in the prophylaxis of simple febrile convulsions cannot be recommended. The same conclusion was reached in comparing the relative value of phenobarbital administered intermittently, at the time of fever, or continously in a group of 40 patients (Millichap JG. Febrile Convulsions. McMillan, NY, 1967). Long-term phenobarbital was recommended only in children with complex febrile convulsions (those whose seizures are prolonged 20 min, complicated by EEG seizure discharges, or having neurological abnormalities). Alternative methods of treatment such as rectal diazepam are advised in those at risk of recurrence, and parents must be counselled in the first aid management of seizures.

PROGNOSIS OF PARTIAL EPILEPSY

Children with onset of partial seizures from 10 mos to 13 yrs (average 4.9 yrs) were followed for an average period of 7.4 yrs at the Instituto di Neuropsichiatria, Rome, Italy. Of a total of 261 consecutive patients (136 male and 125 female) 89 had simple partial seizures, 109 had complex symptomatology, and 63 were partial with secondary generalization. Acquired etiological factors in 112 (43%) patients included cerebral birth injury in 62, head trauma in 31, and CNS infection in 19. Seizure outcome at 5 yr follow-up was favorable in 214 (82%); 153 patients had been seizure free for 2 yrs and 61 showed improved seizure frequency. Factors predictive of seizure control and a good prognosis were are follows: 1) a positive family history for epilepsy, 2) absence of acquired etiologies, 3) no antecedent generalized seizures, 4) normal EEG background activity, and 5) absence of mental retardation, neurological abnormalities or behavior disorders. An unfavorable seizure outcome correlated with 1) early onset of partial seizures, and 2) generalized seizures predating partial seizure onset. Factors of no prognostic value were 1) febrile convulsions preceding partial seizure onset, 2) normal initial EEG, and 3) cognitive and behavioral disorders. (Porro G et al. Arch Dis Child Oct 1988;63:1192-97).

COMMENT. Positron emission tomography (PET) has been employed to determine metabolic patterns in 48 patients with complex partial seizures. Patients with frontal hypometabolism had shorter and milder seizures and those with mutilobar hypometabolism had prolonged seizures. An aura correlated with temporal hypometabolism (Holmes MD et al. Arch Neurol Nov 1988;45:1191). SPECT (single photon emission computed tomography) in 14 children with seizure disorders was useful in localization and prognosis. In patients with radiological lesions, SPECT showed more

extensive localizations and those with normal CTs often had areas of hypo or hyperperfusion. The pattern seen on SPECT was related to the clinical course and prognosis: extensive metabolic impairment on SPECT correlated with frequent seizure recurrence and mental retardation whereas all children with a normal SPECT had less than 2 seizures per year and normal neurological and intellectual development. (Denays R et al. Arch Dis Child Oct 1988;63:1184).

INVOLUNTARY MOVEMENT DISORDERS

TRANSIENT TICS AND TOURETTE'S SYNDROME

The relation of transient tic disorder (TTD - motor or vocal tics lasting less than 1 year) to Tourette's syndrome (TS-multiple motor and vocal tics lasting longer than 1 year) has been evaluated in two Canadian Mennonite families at the Dept of Neurology, Univ of Rochester Sch of Med, NY. One girl aged 9 yrs experienced frequent repetitive throat clearing and eye blinking episodes that resolved after several months (TTD). Her father and brother had TS and 2 siblings had chronic tic disorder (CTC-motor or vocal tics, but not both, with duration more than 1 year). A boy aged 12 yrs had frequent head jerks resolving over several months (TTD). His father had TS and sibling had CTD. In adulthood, the patient had 3 chldren, one with TS, (Kurlan R et al. Transient tic disorder and the spectrum of Tourette's syndrome. Arch Neurol Nov 1988;45:1200-1201).

COMMENT. Transient tic disorder may be an expression of the TS gene that may be transmitted to offspring as an autosomal dominant. The frequency of transient tics in childhood is quoted at 4-16%. The observations in this study suggest that TS and related tic disorders are more prevalent than generally appreciated.

DYSTONIA AND HYPOPARATHYROIDISM

Recurrent attacks of flexion of the right hand and arm and bowing of the head initiated by sudden movement were associated with idiopathic hypoparathyroidism in a 12 yr old boy seen at the Children's Hospital of Philadelphia, PA. An EEG showed a right frontal spike wave focus, and attacks were initially controlled by phenytoin. The boy later developed massive myoclonic spasms of the legs. CT scan revealed calcification of the basal ganglia, frontal lobes, and the right cerebellar hemisphere. The serum calcium was 5.6 and phosphorus 11 mg/dl. The spasms responded to ergocalciferol, 25000 units twice daily, and calcium lactate. The authors propose this association of "paroxysmal dystonic choreoathetosis and hypoparathyroidism" as a syndrome distinct from "familial paroxysmal choreoathetosis without hypocalcemia" and "movement reflex epilepsy". They cite 2 similar cases in the literature. (Barabas G. Tucker SM. Idiopathic hypoparathyroidism and paroxysmal dystonic choreoathetosis. Ann Neurol Oct 1988;24:585).