the fluid collections remained stable or decreased in size. The recognition of this complication of INCL may prevent unnecessary additional investigation and intervention. (Levin SW, Baker EH, Gropman A, et al. Subdural fluid collections in patients with infantile neuronal ceroid lipofuscinosis.**Arch Neurol** Dec 2009;66:1567-1571). (Respond: Anil B Mukherjee MD, PhD, NIH Bldg 10, Room 9D42, 10 Center Dr, Bethesda, MD 20892. E-mail: mukherja@exchange.nih.gov).

COMMENT. INCL is a neurodegenerative disease caused by mutations in the palmitoyle-protein thioesterase-1 gene (PPT1) and resulting ceroid accumulation. Normal at birth but by 2 years the infant has complete retinal degeneration and blindness followed by seizures and psychomotor deterioration, progressing to a vegetative state by 4 years and by death. Cysteamine and N-acetylcysteine facilitate removal of ceroids from cultured cells in patients with INCL, prompting a bench-to-bedside clinical treatment protocol.

SEIZURE DISORDERS

EPILEPSY SURGERY QUALITY OF LIFE AND SEIZURE CONTROL OUTCOMES

A consecutive, retrospective analysis of seizure control and quality of life was performed in 83 patients who underwent epilepsy surgery at Children's Hospital of Wisconsin, Milwaukee, WI. The average age at surgery was 10 years (range <1 year to 21 years). Surgical procedures were extratemporal focal resections (39), temporal lobectomies (19), hemispherectomies (21), and corpus callosotomies (4). Seizure outcomes were generally favorable with 68.7% class I outcome (no seizures); 12% class II (3 seizures or less per year); 19.3% class III (>3 seizures per year). Seizure freedom was highest following temporal lobectomies (84.2%) and hemispherectomies (76.2%). Hemispherectomy was more effective than multilobar resections. Cortical dysplasia cases did less well with a 57.5% seizure control. Infants had the lowest seizure-freedom rate at 50%, attributable to frequency of multilobar resections for cortical dysplasia. Quality of life paralleled seizure outcome. Absence of defined lesion on MRI and young age should not prevent surgical evaluation of children with intractable epilepsy. (Zupanc ML, dos Santos Rubio EJ, Werner RR, et al. Epilepsy surgery outcomes: quality of life and seizure control. **Pediatr Neurol** Jan 2010;42:12-20). (Respond: Dr Zupanc. Department of Neurology, Children's Hospital of Wisconsin, Suite C540, 9000 W Wisconsin Ave, Milwaukee, WI 53201. E-mail: mzupanc@mcw.edu).

COMMENT. The authors conclude that surgery for intractable epilepsy in children is superior to continued trials of antiepileptic medications. An earlier age of intervention is important since epilepsy in the developing brain may cause more permanent damage to brain circuits. Similar results were reported from the Cleveland Clinic with seizure-free outcome in 69% of adolescents, 68% children, and 60% of infants. (Wyllie E et al. **Ann Neurol** 1998;44(5):740-748).