

higher in amplitude, longer in duration, less sharp, and had a higher spike parameter. (Frost JD et al. Epilepsia May/June 1992 **33**:531-536.)

A report of unilateral opercular macrogyria underlying benign childhood epilepsy with centrottemporal rolandic spikes in an 18 year old boy emphasizes the need for MRI in detecting neuronal migration disorders and other structural lesions in cases of apparent idiopathic partial epilepsies. (Ambrosetto G. Epilepsia May/June 1992 **33**:499-503.)

CSF ACTH LEVELS IN INFANTILE SPASMS

ACTH levels in CSF of 14 infants with massive infantile spasms were significantly lower than those of controls in a study from the University of Southern California and Childrens Hospital of Los Angeles, CA. Differences in cortisol levels between patients and controls were not statistically significant. The authors postulate the involvement of the corticotropin-releasing hormone-ACTH-gluocorticoid regulatory loop in the pathophysiology of infantile spasms. (Baram TZ, et al. Brain-adrenal axis hormones are altered in the CSF of infants with massive infantile spasms. Neurology June 1992; **42**:1171-1175.) (Reprints: Dr. Tallie Z. Baram, Division of Neurology (#82), CHLA, P.O. Box 54700, Los Angeles, CA 90054-0700.)

COMMENT. Further studies of this type should help to determine the respective merits of low dose versus high dose ACTH therapy in infantile spasms (see **Progress in Pediatric Neurology**, ed Millichap JG. 1991; 30-34).

ANTICONVULSANT DRUGS

CHEWABLE VERSUS REGULAR CARBAMAZEPINE

A comparison of chewable and regular carbamazepine (CBZ tablets) in 44 children receiving chronic CBZ monotherapy is reported from the IWK Children's Hospital, Halifax, Nova Scotia. Weekly levels showed no consistent differences between the 1 month on chewable CBZ and on regular CBZ. Seizure control and rates of reported side effects were similar in the 2 periods. Chewable CBZ produced higher peak CBZ levels in 5 patients and a similar number had higher peaks with regular CBZ. (Camfield P et al. The pharmacology of chewable versus regular carbamazepine in chronically treated children with epilepsy. Can J Neurol Sci May 1992; **19**:204-207.)

COMMENT. Chewable and regular CBZ appear to have similar pharmacokinetics but individual patients may show some differences and those with peak level side effects using one form of CBZ should receive the alternative form of tablet.

A therapeutic bioequivalency study of brand name versus generic carbamazepine in 40 epileptic patients studied at the Bowman Gray