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J. GORDON MILLICHAP, M.D., F.R.C.P., EDITOR

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STATUS EPILEPTICUS

PLEOCYTOSIS AFTER STATUS EPILEPTICUS

Cerebrospinal fluid (CSF) findings in 138 of 217 patients with status epilepticus (SE) seen by the Neurology Service in a 3-year period are reported from the Columbia-Prebyterian Medical Center, New York, NY. Pleocytosis, defined as a WBC count of $6 \times 10^6/L$ or greater or one or more polymorphonuclear leukocytes, was found in 31 (22%) with SE. Those with generalized myoclonic SE and a history of acute CNS infection or trauma were most likely to have pleocytosis. Of 40 patients with epilepsy and no acute brain insult, 4 (10%) had abnormal CSF counts associated with a generalized SE. (Barry E, Hauser WA. Pleocytosis after status epilepticus. *Arch Neurol* Feb 1994;51:190-193). (Reprints: Dr Elizabeth Barry, Dept Neurology, University of Maryland Hospital, 22 S Greene St, Baltimore, MD 21201).

COMMENT. The authors caution that pleocytosis should not be attributed to SE unless all other causes have been ruled out.

INTERFERON-INDUCED STATUS EPILEPTICUS

Prolonged, refractory status epilepticus in a 22-month old girl treated with interferon for giant cell hepatitis is reported from the Depts of Neurology and Pediatrics, University of Texas Southwestern Medical School, Dallas, TX. CSF and MRI were normal. Complex partial seizures following recovery from status were associated with right hemisphere slowing and spikes on the EEG. Seizures were controlled with phenytoin and carbamazepine. Her hepatitis became stable, and anticonvulsants were discontinued when seizure free for > 1 year. (Miller VS et al. Interferon-associated refractory status epilepticus. *Pediatrics* March 1994;93:511-512).

COMMENT. Seizures and other neurologic adverse effects of interferon, including peripheral neuropathy, have been reported. Children receiving interferon should be monitored for possible EEG dysrhythmia and neurotoxicity.

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