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COMMENT. Vomiting as an ictal phenomenon is controversial and difficult to distinguish from migraine. In these patients with previous evidence of occipital epileptiform EEG discharges, visual symptoms followed by automatisms and vomiting appeared more likely to result from temporal lobe ictal involvement than a migraine secondary to an occipital seizure. The lateralization of the ictal discharge to the right hemisphere has previously been reported in 13 children with the diagnosis of ictus emeticus. (Kramer RE et al, 1988). Cyclical vomiting as a form of epilepsy in 33 children was described in 1955. (Millichap JG, Lombroso CT, Lennox WG). See Progress in Pediatric Neurology, Chicago, PNB Publishers, 1991, for further reports of ictus emeticus.

VALPROATE-INDUCED HEPATIC FAILURE WITH COX DEFICIT

A fatal hepatic failure in a 3 year-old girl with myoclonic epilepsy after 3 months of treatment with valproate (VPA) is reported from Hopital d'Enfants, Marseilles, and Hopital des Enfants-Malades, Paris, France. Elevated plasma lactate and lactate/pyruvate molar ratios in plasma suggested a defect in oxidative phosphorylation and prompted investigation of respiratory chain activity. Circulating lymphocytes revealed a cytochrome c oxidase (COX) deficiency, later confirmed by post-mortem analysis in liver and cultured skin fibroblasts. Skeletal muscle analysis was normal. (Chabrol B et al. Valproate-induced hepatic failure in a case of cytochrome c oxidase deficiency. Eur J Pediatr 1994;153:133-135). (Respond: Dr B Chabrol, Service de Neuropediatrie, Hopital d'Enfants, CHU de la Timone, F-13385 Marseille Cedex 5, France).

COMMENT. Lactate/pyruvate plasma levels are recommended in children with possible mitochondrial disorders and epilepsy when VPA treatment is employed. Valproate associated hepatotoxicity is discussed in previous issues of Ped Neur Briefs Jan, May, and Aug 1993, and June 1987.

BEHAVIOR DISORDERS

EARLY SIGNS OF AUTISM

A blinded comparison of parental and clinical observations of the behavior of 26 autistic children (23 boys and 3 girls) younger than age 48 months is reported from the Vanderbilt University School of Medicine, Nashville, TN, and The Children's Mercy Hospital, Kansas City. Five most prevalent behavioral characteristics both reported by parents and observed by clinicians were as follows: 1) abnormal social play (eg. nonparticipation in peekaboo and itsy bitsy spider games); 2) lack of awareness of others (eg. noninteraction); 3) impaired imitation (eg. wave goodbye, patty-cake); 4) deficient nonverbal communication (eg. absent social smile or eye contact); and 5) absent imaginative play (eg. pretend games). Autistic behaviors rarely endorsed by parents and clinicians included: abnormal comfort seeking, abnormal speech, distress over change, and insistence on sameness and routines. Parents were more likely than clinicians to report absence of imaginative play and presence of stereotyped movements. (Stone WL, Hoffman EL et al. Early recognition of autism. Parental reports vs clinical observation.