medication may be warranted in patients who also have unprovoked seizures. The authors suggest that VGRS are more frequent than commonly recognized.

PERISYLVIAN POLYMICROGYRIA EPILEPTIC SYNDROME

The epileptic spectrum and EEG findings in 31 patients with a congenital bilateral perisylvian syndrome are reported from the University of Alabama at Birmingham and the CBPS Multicenter Collaborative Study Group. The syndrome was characterized by pseudobulbar palsy, cognitive deficits, polymicrogyria and seizures. Associated malformations (eg. arthrogryposis, club feet) were present in 30% patients. Seizures present in 27 (87%) began between 1 month and 14 years of age (mean, 7.9 years). Seizure patterns were varied and mainly consistent with secondary generalized epilepsy; infantile spasms occurred in 4, and partial seizures in 7 (26%). EEG abnormalities were generalized spike and wave and multifocal discharges in 7, and multifocal patterns in 10 (39%). CT and MRI showed symmetric bilateral perisylvian cortical thickening. Seizures were unresponsive to AEDs in 65%. Callosotomy in 7 with intractable epilepsy and drop attacks was partially effective; drop attacks ceased in 4. (Kuzniecky R et al. The epileptic spectrum in the congenital bilateral perisylvian syndrome. Neurology March 1994;44:379-385). (Reprints: Dr Ruben Kuzniecky, Department of Neurology, University of Alabama at Birmingham, UAB Station, Birmingham, AL 35294).

COMMENT. The authors and study group report a developmental syndrome characterized by congenital pseudobulbar palsy, epilepsy, mental retardation, and perisylvian polymicrogyria. Patients with drop attacks may respond to callosotomy when antiepileptic drugs are ineffective.

SOMATOSENSORY EVOKED SPIKES AND EPILEPSY

The relation between EEG paroxysms evoked by tapping of feet or hands (ES), seizures and epileptic syndromes in 186 children is reported from the Department of Neuropsychiatry, Pontificia Universidade Catolica de Campinas, Brazil. Febrile convulsions alone occurred in 31 (17%) and nonfebrile seizures in 44 (24%); 111 were without seizures. The incidence of epileptiform activity in the EEG among these 3 groups with somatosensory evoked spikes (ES) was as follows: 89% for those with epilepsy, 81% for children with febrile convulsions, and 40% for the nonepileptic group. Nonfebrile convulsions occurred in 24 (19%) of 127 patients with ES compared to only 12 (9%) in a control group with normal EEG. Epileptic syndromes associated with ES included benign childhood epilepsy with centrotemporal spikes in 12 (27%), localization related symptomatic in 4 (9%), and cryptogenic in 22 (50%). (Fonseca LC, Tedrus GMA. Epileptic syndromes in children with somatosensory evoked spikes. Clin Electroencephalogr April 1994;25:54-58). (Reprints: Lineu C Fonseca MD, Rua Sebastiao de Souza 205, cj. 122, CEP-13.020.020, Campinas-Sao Paulo, Brazil).

COMMENT. These authors have previously reported an association between febrile convulsions and somatosensory evoked spikes, mainly in children with epileptiform activity in the EEG. The present study confirms this finding for nonfebrile convulsions by comparing patients with ES and a control group with normal EEG. Children with