Holmes GL, Children's Hospital, Boston, in an editorial (Ann Neurol 1994;35:509), appears to favor a trial period of withdrawal rather than indefinite continuation of AEDs, even in children with significant risk factors. He cites Lennox and Lennox (1960) who criticized proponents of anticonvulsant continuance for life, and notes the psychological consequences and expense of long term therapy. In contrast to the concerns of Shinnar and colleagues, Holmes down plays AED side effects as a compelling reason to discontinue therapy and finds that cognitive and behavioral impairments are overstated. He takes issue with the provocative statement of our respected colleague, John Freeman, that "antiepileptic drugs are all poisons." (Curr Probl Pediatr April 1994:24:139-48).

## VALPROATE-INDUCED THROMBOCYTOPENIA

A 14-year-old mentally retarded boy with seizures who presented with severe thrombocytopenia, macrocytic anemia and allergic dermatitis after treatment with valproate for 12 years is reported from the University of Louvain Medical School, Brussels, Belgium. Serum valproate level was 48 mcg/ml. Bone marrow examination showed myeloblastic abnormalities. Recovery followed withdrawal of valproate. (Brichard B et al. Haematological disturbances during long-term valproate therapy. <u>Eur I Pediatr</u> May 1994;153:378-380). (Respond: Dr B Brichard, Dept Paediatric Haematology, Univ Louvain Med School, Avenue Hippocrate 10, B-1200 Brussels, Belgium).

COMMENT. Thrombocytopenia is a well known side effect of valproate therapy. It is related to antibody-mediated platelet destruction, and tests for serum direct antiplatelet antibodies are positive. This report is unusual in the delayed occurrence of hematologic toxicity, even with relatively low serum levels of valproate.

## SEIZURE DISORDERS

## FIRST FEBRILE SEIZURE CHARACTERISTICS

Clinical characteristics of 910 first febrile seizures in children aged 8 to 34 months, evaluated by telephone interview of parents, are reported from the University of Washington School of Medicine, Seattle, WA. A male preponderance of 57% and a family history of febrile seizures in 29% were elicited. Focal seizures, including only eye deviation in the definition of some, were reported in 18%; Todd's paresis in 4%. Infections associated with fever included otitis media 32%, tonsillitis or URI 12%, viral exanthem 12%, and immunizations 2%. The average temperature recorded at the time of the seizure was 103.70°F. Prolonged seizures and recurrence in the same illness, factors related to increased risk of subsequent nonfebrile seizures, were significantly more frequent in children aged 8-11 months, when compared to those older than 12 months. (Farwell JR et al. First febrile seizure. Characteristics of the child, the seizure, and the illness. Clin Pediatr May 1994;33:263-267). (Respond: Jacqueline R Farwell MD, Division of Neurology, Children's Hospital, 4800 Sand Point Way NE, Seattle, WA 98105).

COMMENT. Notwithstanding the limitations of the method of data collection, some of the Seattle findings are of interest as they compare