those who presented with status and 37% of those who had a briefer first seizure. The occurrence of status epilepticus did not appear to have an adverse effect on outcome in the children in this study.

EEG BACKGROUND ACTIVITY AND ANTICONVULSANT DRUGS

The effects of antiepileptic drugs (AED) on EEG background activity in 37 newly treated children with epilepsy were examined at the Departments of Pediatrics, Faculty of Medicine, Toyama Medical and Pharmaceutical University, Toyama City, Japan. Compared to 46 age-matched healthy controls, the EEGs in children with epilepsy, before AED therapy, showed significant Slowing. Both idiopathic and symptomatic epilepsies were associated with EEG slowing. Following 3 to 6 months of AED therapy, the EEG slowing was increased in 23 taking carbamazepine for partial seizures and reduced in the 14 treated with valproic acid for generalized seizures. Despite continuous treatment with carbamazepine, after 1 year the background activity had slowly increased in frequency with age. (Konishi T et al. Effects of antiepileptic drugs on EEG background activity in children with epilepsy: initial phase of therapy. <u>Clin Electroencephalogr</u> April 1995;26:113-119). (Reprints: Tohru Konishi MD, Department of Pediatrics, Faculty of Medicine, Toyama Medical and Pharmaceutical University, 2630 Sugitani, Toyama City, 930-01 Japan).

COMMENT. EEG background activity in children with epilepsy may be slowed because of underlying central nervous system dysfunction related to the epilepsy itself as well as the result of treatment with certain anticonvulsant drugs. Patients with partial epilepsy may be more sensitive to slowing than those with generalized seizures, but drugs such as carbamazepine may exacerbate the tendency to EEG slowing while valproic acid decreases delta activity and is associated with increased EEG frequencies.

SURGERY FOR PARTIAL SEIZURES AND CORTICAL DYSPLASIA

The role of ictal or continuous epileptogenic discharges (I/CEDs). recorded during intraoperative electrocorticography (ECoG), in the planning of surgical resection for patients with cortical dysplastic lesions (CDvLs) and intractable partial seizures was evaluated at the Montreal Neurological Institute, the Epilepsy Surgery Program, Porto-Alegre, Brazil, and the Chonbuk National Hospital, Chonju, Korea. I/CEDs, consisting of repetitive electrographic seizures, repetitive bursting discharges, or continuous rhythmic spiking, were present in 23 of 34 patients (67%) with seizures associated with CDyLs, and in 1 of 40 (2.5%) whose partial epilepsy was associated with other types of structural leasions. A favorable surgical outcome was obtained in 75% of patients when the cortical dysplastic tissue showing I/CEDs was completely excised, whereas the outcome was poor if areas containing I/CEDs remained in situ. The authors advocate the removal as much as possible of the cortical dysplastic lesion that is visible and also those areas showing I/CEDs on acute ECoG. (Palmini A, Gambardella A, Andermann F et al. Intrinsic epileptogenicity of human dysplastic cortex as suggested by corticography and surgical results. Ann Neurol April 1995;37:476-487). (Respond: Dr Palmini, Servico de Neurologia, Hospital Sao Lucas-PUCRS, Av Ipiranga 6690, Porto Alegre RS, Brasil CEP 90610-000).

COMMENT. The extent of surgical excision for optimal seizure control in these patients was determined by the intraoperative