

ACUTE LYMPHOBLASTIC LEUKEMIA AND SEIZURES

The incidence, timing, etiologies, and recurrence rate of seizures among 127 pediatric patients with acute lymphoblastic leukemia (ALL) were determined at the Schneider Children's Hospital, and the Long Island Jewish Medical Center, New York. Of 17 patients (13%) who developed one or more seizures, 16 had seizures during antileukemic treatment, almost always related to intrathecal methotrexate or subcutaneous L-asparaginase. The long-term recurrence risk of seizures was low, occurring only in 2 patients (12%) who had static encephalopathy and neurologic deficits. Chronic antiepileptic drug therapy was restricted to patients with recurrent seizures and structural cerebral lesions. (Maytal J et al. Prognosis and treatment of seizures in children with acute lymphoblastic leukemia. *Epilepsia* August 1995;36:831-836). (Reprints: Dr J Maytal, Division of Pediatric Neurology, Schneider Children's Hospital, New Hyde Park, NY 11042).

COMMENT. Seizures occurring in children with ALL in this study were related to side-effects of chemotherapy. None had seizures secondary to CNS leukemic relapse. Phenytoin was the drug of choice for the control of the acute seizures because of its relative lack of behavioral and sedative adverse effects. Carbamazepine and valproate were avoided because of potential bone marrow suppression and the lack of intravenous preparations.

CEREBRAL CORTICAL DYSGENESIS AND EPILEPSY IN ADULTS

The clinical, EEG and neuroimaging features in 100 adult patients with cerebral cortical dysgenesis (CD) were reviewed at the National Hospital for Neurology and Neurosurgery, St Mary's Hospital, London, and the National Society for Epilepsy, Chalfont St Peter, Gerrards Cross, UK. Patients had medically refractory epilepsy with onset at a median age of 10 years. Only 15% had a history of status epilepticus. Diagnosis was by neuroimaging in 70. EEGs were abnormal in 95%. Of 35 patients treated by surgery, 15 were completely seizure-free. Demonstration of subtle forms of CD by MRI lessen the incidence of cryptogenic epilepsy in adult patients. (Raymond AA et al. Abnormalities of gyration, heterotopias, tuberous sclerosis, focal cortical dysplasia, microdysgenesis, dysembryoplastic neuroepithelial tumour and dysgenesis of the archicortex in epilepsy. Clinical, EEG and neuroimaging features in 100 adult patients. *Brain* June 1995;118:629-660). (Respond: Dr DR Fish, Department of Clinical Neurophysiology, National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG, UK).

COMMENT. The heterogeneity of abnormalities associated with CD in adults with epilepsy, as listed in the title of this article, was associated with varied clinical, EEG and MRI features. Compared to children with epilepsy and CD, these adult patients had a relatively low frequency of delayed milestones (12%), mental retardation (11%) and neurologic deficits (17%).

MENINGOMYELOCELE AND EPILEPSY

The prevalence of seizures and epilepsy and the occurrence of other brain malformations or structural abnormalities were examined in 81 children with meningocele followed at the multidisciplinary Children's Clinics