abnormalities were found in 14%. EEGs were epileptiform in only 56% of ictal and 50% of interictal sleep records; epileptiform discharges were recorded only by sphenoidal electrodes in 13%.


COMMENT. The diagnosis of nocturnal frontal lobe epilepsy (NFLE) should be suspected in infants and children with paroxysmal nocturnal motor episodes during sleep, characterized by clusters of repetitious stereotyped movements that persist into adolescence and are associated with dystonic posturing or agitated behavior. Pelvic thrusting, facial grimacing and moaning are frequent repeated patterns of behavior during seizures. Diurnal episodes include generalized shivering with loss of consciousness, and complaints of tingling and daytime sleepiness. NFLE is often familial and autosomal dominant in inheritance. NFLE responds to treatment with carbamazepine or clonazepam, but seizures almost always recur when therapy is withdrawn.

Benign nocturnal parasomnias - nightmares, night terrors and somnambulism - may be differentiated from NFLE by a different time course, with remission within 7 years, whereas NFLE persists into adolescence. Parasomnias occur infrequently and at irregular intervals, whereas NFLE occurs nightly and repeatedly. Furthermore, parasomnias are not manifested by dystonic posturing or violent agitated motor behavior. The EEG and especially video EEG is diagnostic in approximately 50% of patients. A trial of antiepileptic drugs may sometimes be warranted on clinical grounds, in the absence of EEG confirmation. (See Progress in Pediatric Neurology III, PNB Publ, 1997;pp87-88).

TOXIC-INFECTIOUS DISORDERS

SEQUELAE OF HEMOLYTIC UREMIC SYNDROME

The neuropsychological function of 91 children who had recovered from hemolytic uremic syndrome (HUS), without severe neurological dysfunction (stroke, hemiplegia, blindness, retardation), and case controls admitted for non-HUS illness, was determined in a multicenter study at six tertiary care hospitals reporting to the Canadian Pediatric Kidney Disease Research Center, Ottawa, Canada. Scores on verbal ability tests were lower in patients with the highest serum creatinine concentrations during the HUS illness, but the severity of the acute renal failure was not correlated with neuropsychological measures. There was no increased risk of attention deficit disorder among patients recovering from HUS. (Schlieper A, Orrbine E, Wells GA et al. Neuropsychological sequelae of hemolytic uraemic syndrome. Arch Dis Child March 1999;80:214-220). (Respond: Dr PC Rowe, Brady 212, Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, MD 21287).

COMMENT. Children recovering from acute hemolytic uremic syndrome without serious neurologic sequelae are not at risk of learning, behavior, or attention problems. Neuropsychological tests are not required as a routine part of the follow-up, but only as symptoms and school performance dictate.