

had complex partial seizures. This case points to both a migraine and seizure origin for the visual hallucinations. (Lennox WG. *Epilepsy and Related Disorders*. Boston: Little, Brown, 1960; Vol 1, p 270). EEG is recommended if CBS develops in a patient with worsening of neurological signs (Ossola M et al. Epileptic mechanisms in Charles Bonnet syndrome. *Epilepsy Behav* 2010 May;18(1-2):119-122).

SEIZURE DISORDERS

ICTAL EPILEPTIC HEADACHE WITH IDIOPATHIC EPILEPSY

Neurologists at the University of Rome, Italy report a 37-year-old woman with drug-resistant generalized epilepsy and headache who had a sudden headache during a 24-h EEG that displayed epileptic activity. Generalized S/W discharges and polyspike and wave discharges persisted for 60 min until the headache disappeared. The case represents a rare example of ictal epileptic headache in generalized idiopathic epilepsy. (Fanella M, Fattouch J, Casciato S, et al. Ictal epileptic headache as “subtle” symptom in generalized idiopathic epilepsy. *Epilepsia* 2012 March;53(4):e67-e70). (Respond: Dr Carlo Di Bonaventura, Department of Neuroscience, Neurology Unit, “Sapienza” University of Rome, Viale dell’Universita 30, 00185 Rome, Italy. E-mail: c_dibonaventura@yahoo.it).

COMMENT. In the authors’ opinion, “ictal epileptic headache” warrants listing in the international classification of both epilepsy and headache. This case report is a rare example of the entity.

RISK OF EPILEPSY AFTER FEBRILE SEIZURES

Investigators at the Institute of Neurology, London, and at other centers in the UK and the Netherlands conducted a prospective follow-up of 181 infants from the onset of febrile seizures for a median of 21.6 years, to estimate the long-term risk of developing epilepsy. Of these, 175 (97%) were seizure-free in the preceding 5 years, and 171 (94%) were seizure-free and off antiepileptic drugs. Six percent developed epilepsy. In total, 17 (7.7%) had afebrile seizures, of whom 14 (6.4%) had 2 or more afebrile seizures (epilepsy). The mean time to the second afebrile seizure was 5.7 years. At 20 years after the index febrile seizure, 6.7% had developed epilepsy. The risk of developing epilepsy in the cohort over the whole follow-up period was 10 times that of the general population. The standardized incidence ratio was significantly elevated in the 0- to 14-year age groups but not in the 15- to 19-year age group. The risk of developing epilepsy in people who had febrile seizures appears to decrease with time. A history of 4 or more febrile seizures is a risk factor for development of epilepsy. (Neligan A, Bell GS, Giavasi C, et al. Long-term risk of developing epilepsy after febrile seizures. A prospective cohort study. *Neurology* 2012 April 10;78:1166-1170), (Response and reprints: Prof Sander. E-mail: I.sander@ucl.ac.uk).

COMMENT. In this study, no differentiation was made between simple and complex febrile seizures. The association between febrile seizures and later epilepsy is