

mutism following posterior fossa tumor resection show SPECT perfusion deficits in the supratentorial areas subserving language dynamics, syntax, naming, executive functioning, affective regulation, and behavior. The clinical remission of mutism parallels improvement of frontal perfusion deficits. A theory of cerebello-cerebral diaschisis is proposed, reflecting the impact of a cerebellar lesion on supratentorial cognitive and affective functions [2].

References.

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SEIZURE DISORDERS

MANIFESTATIONS OF ICTAL FEAR

Investigators from Okayama University and Medical Center report five pediatric patients with ictal fear followed from Jan 2003 to Dec 2012. The age of epilepsy onset ranged from 8 months to 9 years and 10 months. The ictal symptoms were sudden fright, clinging to someone nearby, and subsequent impairment of consciousness, often accompanied by complex visual hallucinations and psychosis-like complaints. In four patients, ictal fear was perceived as a nonepileptic disorder by their parents. Ictal EEG of ictal fear was obtained in all patients. Three showed frontal onset, while two showed centrottemporal or occipital onsets. Two patients were seizure-free at last follow-up, while seizures persisted in the other three. Development was normal in three and two were mentally retarded. One patient with seizure onset during infancy had a favorable outcome and was considered to have benign partial epilepsy with affective symptoms. (Akiyama M, Kobayashi K, Inoue T, Akiyama T, Yoshinaga H. Five pediatric cases of ictal fear with variable outcomes. **Brain Dev** 2014 Oct;36(9):758-63).

COMMENTARY. Although considered rare as a manifestation of epilepsy, ictal fear is mentioned in 83 references cited by PubMed since 1959. Temporal lobe epilepsy (TLE) and pathology of the amygdala are frequently involved. In surgical procedures and stimulation of the amygdala, ictal fear is frequently associated with a rising epigastric sensation, palpitations, mydriasis, and pallor [1]. Twelve (36%) of 33 patients with TLE reported ictal fear at the onset of seizures and 11 of these were seizure free postoperatively. In contrast, only 11 of 21 patients without ictal fear had a favorable outcome. Results of MR spectroscopy revealed significantly more anteriorly pronounced metabolic changes in the hippocampus of patients with, than in those without, ictal fear [2]. Ictal fear is more common in females than in males as adults, but not as children [3].

References.

1. Cendes F, et al. *Brain*. 1994 Aug;117 (Pt 4):739-46.
2. Feichtinger M, et al. *Arch Neurol*. 2001 May;58(5):771-7.
3. Chiesa V, et al. *Epilepsia*. 2007 Dec;48(12):2361-4.