LANDAU-KLEFFNER SYNDROME

Sir,

The case report Landau-Kleffner syndrome (LKS) by Bal et al. (1997) was a laudable contribution towards the sparse Indian literature on this syndrome. Concerning this syndrome and in particular the case report, we have a few suggestions to offer.

As mentioned by the authors, LKS now figures in the ICD-10 but sans the diagnostic guidelines. An approach to diagnosis and management of LKS, thus, requires an exhaustive review of the available literature. This is further justified by the considerable differences in the clinical picture, EEG findings and the evolution of this syndrome (Aircardi, 1994). The case report cites absence of underlying structural abnormality of brain on neuroimaging as being suggestive of a diagnosis of LKS. Considering the substantial
1993), this may not be a strong validator for the diagnosis. We ourselves are in the process of reporting CS in a 6 year old girl consequent to encephalitis and the resultant cerebral atrophy.

Another point we would like to highlight is that the main investigation corroborating the diagnosis of LKS is the EEG. Hence, a detailed description of the EEG including sleep and awake EEG and the effect of sleep and medication on EEG is scientifically more desirable. Inclusion of relevant portions of EEG recording will add to the worth of such a presentation and the journal should encourage it. Furthermore, reassessment of language dysfunction, seizure disorder, EEG changes and behavioural disturbances forms an integral part of follow-up in children with this syndrome.

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