



Letters

Three or more infantile febrile seizures and HHV-6

Saito *et al* (1995) have provided remarkable data on the persistence and dissemination of human herpesvirus-6 in the presence of infantile human immunodeficiency infection. Hall *et al* (1994) have associated ubiquitous HHV-6 infection with infantile seizures. They have found a particularly high incidence of herpesvirus infection in infants with three or more febrile seizures. From an electrophysiological point of view, we would like to support these findings. Over 2 consecutive years, we have examined the electroencephalographic power spectra of 15 children with at least one febrile seizure. Analyzing the shift from the EEG alpha-band to unphysiological spectra for age, we observed a steep increase in pathological EEG-findings in just those patients who reported three or more febrile convulsions in the past (observation period 0.5–3 years). Whether herpetoviridae in general, or HHV-6 in particular was involved, could not be confirmed yet. However, we have seen good clinical response of children with three or more febrile convulsions to *ex juvantibus* therapy with oral aci-

clovir (200–800 mg per day p.o.). To us, it seems plausible that persisting or reactivated herpes virus infections of the CNS account for both repetitive febrile convulsions and pathological EEG power spectra without interictal seizure activity.

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Saito Y, Sharer LR, Dewhurst S, Blumberg BM, Hall CB, Epstein LG (1995). Cellular localization of human herpesvirus-6 in the brains of children with AIDS encephalopathy. *J Neuro Virol* **1**: 30–39.