ing the ictal and post ictal periods. The heightened capillary permeability could explain the focal enhancing lesions when the seizures are frequent. Return to normal permeability in a seizures free period, after treatment, could be the reason for the lack of extravasation of the contrast material into the parenchyma and therefore of the nonvisualisation of the epileptic focus on repeat CT scan. Recent studies performed in epileptic patients by positron emission tomography (PET) showed modification of the local cerebral blood flow and metabolism during the ictal and interictal periods. With further development PET probably will help in elucidating this phenomenon and the basic mechanisms of epilepsy.

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References

The possibility of sarcoidosis has been raised and dismissed by Ambrosetto himself. It needs no further comments. The prevalence of multiple sclerosis is very low in India and the disease is definitely uncommon, if not rare. Some of the cases reported by us now have a follow up of two years. They have remained asymptomatic. Epilepsy as a sole manifestation of multiple sclerosis must be rare indeed. How does one diagnose multiple sclerosis in such a setting? CT scan abnormality in multiple sclerosis is that of areas of lucency in central white matter of the brain particularly in the peri-ventricular regions and occasionally in the brain stem and not in grey matter as seen in our cases. Thus, multiple sclerosis can be excluded. It is interesting that there are few reports of cases of epilepsy with disappearing CT scan abnormalities from countries where the prevalence of multiple sclerosis is high. Transient postical focal CT abnormality as a consequence of focal seizures resulting in postical oedema (presumably due to changes in the blood brain barrier) was discussed by us also and seems a very attractive hypothesis. It may easily explain hypodense lesions. It cannot, however, explain some hyperdense lesions which have been seen without contrast enhancement. Further, if this hypothesis were true there would have been a large number of cases reported by now from all countries, as epilepsy occurs worldwide. Thus lack of similar reports is not only remarkable but strongly argues against this hypothesis.

Brain biopsy, theoretically, is the best and only firm method of finding the exact pathogenesis under the present circumstances. It, however, presents with formidable problems. The lesions are too small for precise localisation, and probing is not justified as the lesions are mostly in the motor strip. Last but not least, ethical considerations demand informed consent for biopsy for a lesion which we now know is reversible. Because of these limitations, we have been able to do a cautious biopsy only in one case. The histology of the specimen was suggestive of nonspecific focal meningioencephalitis, thus supporting our original contention.

References

Cryptococcal meningitis
Sir: Tjia, Yeow and Tan, in their Occasional Review, on cryptococcal meningitis1 report that following treatment of the acute cryptococcal meningitis, smear tests may remain positive for cryptococcus for up to two years. They suggest that re-treatment of such cases should be considered only if the organism is grown, indicating that patients may be considered cured despite positive smear. Their own finding that the diagnosis of cryptococcal meningitis may be difficult, requiring repeated lumbar puncture before culture becomes positive, and the well documented presentation of cryptococcal meningitis as chronic relapsing illness with many years of intermittent asymptomatic good health, despite persistent CSF changes, suggests that this recommendation should be treated with caution. In the case reported by Benn et al.,2 both smear and culture for cryptococcus were negative on repeated lumbar puncture over a period of 15 years of a relapsing illness before the diagnosis was established. Although treatment with 5 fluorocytosine and amphotericin B carries with it the risk of serious side-effects and retreatment cannot therefore be undertaken lightly, it would seem wise to consider all patients who have

References