Case Presentation

- 11-month-old infant presented with recurrent episodes of head drop mainly after waking up from a nap occurring in clusters.
Diagnosis?

- Benign infantile myoclonus
- Complex partial seizure
- Rolandic seizure
- Atonic seizure
- Infantile spasm
Infantile Spasm

- Incidence 25 in 100,000 live births.
- Flexor/extensor spasm, head drop
- R/O tuberous sclerosis
- Hypsarrhythmia
- ACTH, Steroids, Vigabatrin
- Bad prognosis (West syndrome, Lennox-Gastaut syndrome).

Neurocutaneous Syndromes
Hypsarrhythmia

Case Presentation

- 5-year-old child with nocturnal seizures described as numbness on one side of the mouth, followed by ipsilateral twitching of the face, mouth, arm and drooling lasting 1-2 minutes.
Benign Rolandic Epilepsy

- 3-13 years of age
- Seizures stop spontaneously by age 14.
- Ask parents whether the child’s mouth was “twisted”, gurgling sound.
- Does not require treatment
Motor Homunculus

Case Presentation

- Seizure vs Epilepsy
- Tonic, Clonic, Myoclonic, Atonic
- Complex vs Simple
- Focal vs Generalized
- Idiopathic vs secondary
Case Presentation

- 6 yo male with episodes of staring in the classroom.
- Daydreaming, Absence epilepsy, Complex partial seizures.
Absence Epilepsy

- 5-8 years
- Last 5-10 seconds, 50x/day, no aura, no postictal state.
- Occasional abnormal eye movements, automatism, incontinence.
- Hyperventilation, 3 HZ
- Ethosuximide, Valproic Acid

Absence seizure
Case Presentation

- 16-year-old female presenting with new onset GTC seizure after spending the night clubbing.

Juvenile Myoclonic Epilepsy

- 10% of all cases of epilepsy
- Myoclonic jerks in the morning
- Precipitated by sleep deprivation and alcohol
- Prognosis (Good and bad news)
- Treatment (Keppra, Valproic acid).
Simple vs Complex Febrile Seizure

- Age = 3 months to 6 years
- Duration (< 5min-10min-15min)
- Description (Generalized, focal/Todd’s paralysis).
- Within 24-hour period (1, clusters of 2 or more).

Febrile seizure

- Prevalence 2-4% (peak 18 months)
- Rectal temperature > 38 C
- Risk factors for later epilepsy (Developmental delay, family history of non-febrile seizures, complex febrile seizure).
Febrile Seizure

- Long-lasting febrile convulsive seizures is a pediatric emergency.
- Provide family with rectal Diazepam
- Little evidence that antipyretics reduce risk of recurrent febrile seizures
- Little evidence for oral diazepam/Phenobarbital
- LP should be strongly considered in infants less than 12 months of age

Mesial Temporal Sclerosis
Management

- CBC, BMP
- CT brain
- MRI brain
- EEG
- LP <6M, >12M
- Admit to PICU
- Admit to hospital

Conditions That Mimic Seizures

- Cyanotic Breath holding spells
- Shuddering attacks
- Sandifer syndrome
- Staring spells
- PNES. Eyes closed during seizure, pelvic thrusting, head turning side to side, crying during the seizure, biting the tip of the tongue, long duration.
- Tics, stereotypies