**III C3**

**Long-term observation of the epilepsy with continuous spike-waves during slow sleep (CSWS)**

Akihiro Yasuhara, Aiko Hori, Yuka Yoshida

*Department of Pediatrics, Kansai Medical University Kohri Hospital, Neyagawa, Japan*

CSWS is an epileptic syndrome characterized by the electrical abnormality of continuous spike-waves that occupy more than 85% of the time of slow wave sleep. We studied the long-term clinical course of CSWS. [Methods] Subjects were 27 patients with CSWS who were observed from the appearance to the disappearance of abnormal EEG findings (continuous spike-waves during slow wave sleep). The mean age was 15 years of age and the mean observation period was 10.8 years. [Results] The first seizure occurred at 4.5±2.4 years of age before CSWS. The beginning of CSWS was 7.5±2.1 years of age, which continued for 2.3±1.9 years, and disappeared at 10.0±2.3 years of age. The longest duration of CSWS was 7.5 years that lasted until 14 years of age. The spike discharges disappeared until 20 years old. Patients with poor prognosis showed CSWS continuing more than 2 years. Though CZP and CLB were effective to patients with CSWS, ZNS and bromide also had good effect to some patients. [Conclusion] CSWS is an age-dependent epileptic syndrome. It is observed during school age and may not appear after 15 years of age.

**III C4**

**EEG abnormalities in children with first unprovoked seizure.**

Neeta A.Naik, Mamta Karnik

*Epiclinic, Epilepsy Centre for Children, Speciality Childcare, Mumbai, India.*

PURPOSE: To study EEG abnormalities in children presenting with first unprovoked seizure. METHODS: EEG findings from 63 children presenting with first unprovoked seizure between June2001 and April2002 were examined. Seizures were classified as generalized or partial. RESULTS: EEGs were available in all and 35 (55.5%) had an abnormal EEG. EEG abnormalities included focal spikes (n = 20), multifocal spikes (n=7) generalized spike and wave discharges (n = 1), CSWS (n=1) and background abnormalities (n = 11; asymmetry=6, slowing=5). 5 children with slowing also had focal spikes. EEG abnormalities were seen in equal percentage of cases presenting with GTC (59.09%) and partial seizures (58.82%). Out of 4 children presenting with seizure clusters EEG was normal in 3 (75%). Although abnormalities were more common in children above the age of 3 years (>3 yrs=58.3%; <3 yrs=46.6%); the incidence of abnormal EEGs in younger children was much higher than that described in literature. Records including both awake and sleep tracings were available in 27 (42.8%) cases. Only sleep tracing were available in 27 (42.8%) and only awake in 9 (14.2%). Seventeen (62%) of the 27 patients with awake and asleep tracing had an abnormal EEGs, whereas 12 (44.4%) sleep records & and 6(66.6%) of awake records were abnormal. Background abnormalities (n=11, 31.4%) were common and better seen when awake recording was available along with sleep tracing. CONCLUSION: Children with even a single unprovoked seizure have a high incidence of EEG abnormalities and the awake recording is valuable to bring out background abnormalities.