

II G15**Patterns of childhood epilepsy in a subset of population in India.**Brahm Prakash¹, Satish Jain², Krishan Kumar Gupta³¹Northern Railway Central Hospital New Delhi, India
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Purpose: To classify the seizure types in the children presented at a industrial referral hospital in India and reclassify again after investigations as per syndromic classification given by International League against epilepsy in 1989. For administering Anti Epileptic drug as per syndromic classification. To find history of Febrile seizure and family history to assess the proneness of proband for epilepsy. **Methods:** The information was recorded on a prestructured performa. The information was analysed after one year period. All new cases presented in one year were included. **Results:** Total new epilepsy cases included in the study 300, Female patients 122, Male Patients 178. Classification seizure type: 1. Focal/partial/secondary generalized seizure :0982. Generalized tonic or clonic or tonic-clonic seizure:1443. Juvenile Myoclonic epilepsy 124. Childhood Absence epilepsy :0225. Infantile Spasm :0666. Single seizure:077. Febrile seizure:11. Anti-epileptics used: Sodium Valproate :036. Clobazam :012. Phenytonin:025. Carbamazepine:205. Combination :022. Computed tomography done in 182 cases. Normal: 62. Abnormal:120. Total Magnetic resonance done:24. Normal :07. Abnormal:17. Percentage epilepsy cases in pediatric patients at this referral centre :4.22%. Age wise distribution of seizure disorder 0-5yrs 766-10yrs 13611-16yrs 88. **Syndromic Classification** 1. Localization related 1102. Generalized epilepsies 1243. Undetermined 0204. Special syndrome, febrile seizures, single seizure, situation related seizure:165. Seizure with single small enhancing CT Lesion (SSEL) 030. **Conclusion:** Syndromic classification is useful for 1. Judicious use of Anti Epileptic drugs - When to start Anti Epileptic drugs - When to hold - When to withdraw 2. To predict prognosis 3. Defining the likelihood of underlying pathology.

II G16**Seizures in shaken baby syndrome and non-accidental head injury**Ramel A Carlos¹, Anabel Chua²¹Neurology Department, Guam Memorial Hospital, Tamuning, Guam ²Wake Forest University Baptist Medical Center, Dept. of Pediatrics

PURPOSE: To report the occurrence of seizures in children who suffered shaken baby syndrome (SBS) and non-accidental head injury (NAHI). **METHOD:** A retrospective analysis of children admitted to Wake Forest University Baptist Medical Center (Winston Salem, North Carolina), from January 1998 - December 1999, with the diagnosis of SBS and NAHI was conducted. The clinical presentation and presence of seizures were identified and characterized. The neuroimaging studies were reviewed as well as the electroencephalographic (EEG) data. **RESULTS:** There were 58 children admitted with the diagnosis of SBS and NAHI. Sixteen patients (27.5%), aged 2 weeks - 4 years (mean=8.9 months) had clinical seizures; 12 were focal and 4 were generalized at the onset. On initial clinical presentation, 6 were lethargic, 4 were unresponsive or irritable, and 2 were apneic. All except 2 CT scans were abnormal, which included subdural hemorrhage (12), infarct (1), and intracerebral hemorrhage (1). The 2 patients with normal CT scan, had abnormal MRI, which demonstrated infarcts (1), and subdural hemorrhage (1). Of the 16 patients with clinical seizures, 8 had abnormal EEG, 1 had normal EEG, and 7 had no EEG performed. There were 4 patients (10%) who had no clinical seizures but were persistently unresponsiveness, and were found to have electroencephalographic seizures. **CONCLUSION:** Seizures are common in SBS and NAHI, with clinical seizures more frequent than electroencephalographic seizures. All of these patients had abnormal initial clinical presentations. Focal seizures are more common than generalized type, and majority had abnormal neuroimaging and EEG studies.