

EPILEPSIES WITH OCCIPITAL EPILEPTIFORM DISCHARGES - ELECTROCLINICAL CHARACTERISTICS

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Introduction: Occipital lobe epilepsy in occurs as an idiopathic and a symptomatic form. We aimed to determine the clinical picture (seizure semiology) in a group of patients with occipital epileptiform discharges (OED) in order to find the characteristic features for both forms of occipital epilepsy. Materials and methods: We identified patients with OEDs using an EEG database at our neuropediatric video-monitoring unit. Thirty-one children (18 boys, 13 girls) with clinical seizures and interictal EEGs presenting occipital epileptiform discharges were included in the study. The age of the patients was 12 months – 10 years. Seizure onset was between the ages of 12 months and 6 years. Epilepsy was considered symptomatic when psychomotor retardation and/or abnormalities at neurological and/or neuroradiological examination were found. Seizure semiology was assessed mostly by interviewing the parents or care-givers sometimes also by children. Detailed EEG analysis was performed in each case. Results: 9 patients were classified as idiopathic, and 22 were classified as symptomatic (e.g. cerebral palsy, cerebral dysplasias) There were some differences in seizure semiology between the two groups: in idiopathic form more often ictal eye deviation and ictal vomiting occurred as well as duration of seizure was longer. The frequency of seizures was higher in symptomatic group. The EEG feature, which significantly suggested symptomatic form, was presence of abnormal background activity. Conclusions: Seizure semiology with EEG correlation sometimes can distinguish between different forms of epilepsy with OED in the group of youngest children. Further prospective clinical studies are needed, especially to provide the correlation between the clinical and EEG features and prognosis of this very interesting and sometimes difficult to treat form of epilepsy in children.