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Submission Type: Platform / Poster

Title: Seizure Timing, Body Position and EEG Evaluation in Pediatric Patients with Refractory Epilepsy

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Topic(s): Epilepsy

Abstract: Introduction:The aim of this study was to analyze the timing of generalized convulsive seizures (GCSs), body position and electroencephalographic changes in during GCSs in pediatric patients with refractory epilepsy using video electroencephalography (V-EEG). Methods:We retrospectively analyzed 362 patients between 1 January 2002 and 1 January 2022. Patients with a diagnosis of intractable epilepsy and at least one recorded GCS with V-EEG were included. Results:A total of 818 seizures were analyzed, including 273 GCSs in 117 patients. Post-ictal generalised EEG suppression (PGES) was observed in 59 patients (50.4%) and ranged from 10 s to 60 min, with >20 s generally detected in patients in the prone position. The onset positions of GCS during sleep and wakefulness were similar. GCS occurred on average 53.27 min (SDS 41.37) after the onset of daytime sleep and 131.37 min (SDS 118.95) after the onset of nighttime sleep ($p<0.05$). There was a significant difference between the likelihood of a prone-onset seizure ending in the prone position (91.66%) and the likelihood of a non-prone-onset seizure ending in the prone position (1.14%) ($p<0.05$).
Conclusion:This study underlines that the position at the end of seizures that begin in the prone position does not change, that PGES is prolonged in these patients and that seizures generally occur in

the second hour of night sleep. Our study adds to the literature on which patients and for how long stimulation methods should be used.

Disclosure: There is no disclosure

Keywords: Children, Seizure, Prone position, sudden unexpected death in epilepsy, electroencephalography

Comments:

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