SEIZURE DISORDERS

PROPHYLACTIC PHENOBARBITAL AFTER RESOLUTION OF NEONATAL SEIZURES

The degree of practice variation in continuance of phenobarbital treatment despite resolution of neonatal seizures was evaluated by national survey conducted at the University of Rochester Medical Center, New York. Surveys mailed to 609 randomly selected child neurologists and 579 neonatologists were completed by 20.7% and 23.1%, respectively. Practices varied widely, with little difference in response frequencies between child neurologists and neonatologists. For child neurologists, prophylactic phenobarbital was always used in 5%, sometimes used in 72%, rarely in 19%, and never in 3%. Responses of neonatologists were similar. Duration of treatment was <1 month in 8%, 1-3 months in 45%, 3-6 months in 37%, none longer than 6 months. Drug levels were monitored routinely by 34%, and only when indicated by 57%. Physicians were more likely to respond yes to continuation of treatment for a given scenario than would be predicted by their overall responses to questions. Since the survey of practices 15 years ago, physicians are reporting less frequent and shorter phenobarbital treatment after resolution of neonatal seizures. (Guillet R, Kwon JM. Prophylactic phenobarbital administration after resolution of neonatal seizures: survey of current practice. **Pediatrics** Oct 2008;122:731-735). (Respond: Ronnie Guillet MD, PhD. E-mail: Ronnie_guillet@urmc.rochester.edu).

COMMENT. The relatively low response to this survey and surveys in general is explained by the length and complexity of questions, and the increasing number of similar requests. Possible late cognitive effects of long-term phenobarbital in the infant are one reason to limit duration of prophylactic treatment. A randomized trial is needed to determine benefits and adverse effects of continued therapy after discharge from the NICU.

PREVENTION OF STATUS EPILEPTICUS IN DRAVET SYNDROME: NATIONWIDE SURVEY IN JAPAN

Child neurologists and epileptologists at various university centers in Japan were surveyed by questionnaire to identify the most effective strategies for management of and prophylaxis against status epilepticus (SE) in children with severe myoclonic epilepsy in infancy (SMEI; Dravet syndrome), especially when associated with fever. Data from 109 patients were analyzed (51 males, 58 females; mean age 10.7 years +/- 6.53; range 1-37 years). Ten had no SE and were excluded. Anticonvulsants with excellent efficacy against SE occurrence were potassium bromide (41.7%), zonisamide (13.5%), clobazam (10%), valproate (8%), phenobarbital (6.7%), and phenytoin (2.6%). Clonazepam and carbamazepine were ineffective. Diazepam suppository was most frequently used against SE triggered by fever, but was effective in only 2.4% cases. Intravenous medications most effective in terminating ongoing SE were barbiturates (75-100%), midazolam (68.8%), diazepam (54.3%), lidocaine (21.4%), and phenytoin (15.4%). (Tanabe T, Awaya Y, Matsuishi T, et al. Management of and prophylaxis against status epilepticus in children with severe myoclonic epilepsy in infancy (SMEI; Dravet syndrome) – A nationwide