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SEIZURE DISORDERS

FACTORS PREDICTIVE OF EPILEPSY REMISSION

Factors predictive of epilepsy remission were determined in a prospective community based cohort study of 792 patients at the Institute of Neurology, National Hospital, Queen Square, London, UK. The number of seizures occurring in the 6-month diagnostic assessment period after the first identified seizure was the predominant prognostic factor. The chance of a 1-year remission by 2 years was 51% in patients with 10 seizures in the first 6 months, compared to 78% if the patient had only 2 seizures in that interval. For a 5-year remission by 8 years, the chances were 30% and 55%, respectively. Remission and prognosis were not related to seizure type or etiology. MRI and EEG data were not included as possible variables. Early treatment showed no definite association with prognosis in this non-randomized study in which selective bias was not excluded. (MacDonald BK, Johnson AL, Goodridge DM et al. Factors predicting prognosis of epilepsy after presentation with seizures. Ann Neurol December 2000;48:833-841). (Respond: Dr SD Shorvon, University Department of Clinical Neurology, National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG, UK).

COMMENT. The number of seizures in the first 6 months after presentation is the predominant factor predictive of early and long-term remission.

Early treatment and seizure remission. The benefits of early treatment of a single generalized tonic-clonic seizure on prevention of recurrence have been demonstrated in an adult population (Gilad R et al. 1996). A second seizure occurred in 71% of an untreated group and in 22% of a treated group. In a study of children, Camfield and Camfield et al (1996) found that up to 10 recurrences before treatment, the ease of seizure control and frequency of remission are unaltered if medication is delayed. In some previous studies, however, the risk of seizure relapse after withdrawal of antiepileptic treatment is increased with delay in initiation of therapy. (see Progress in Pediatric Neurology III, PNB Publishers, 1997;pp110-112).

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The editor is Pediatric Neurologist at Children's Memorial Hospital and Northwestern University Medical School, Chicago, Illinois. PNB is a continuing education service designed to expedite and facilitate review of current scientific information for physicians and other health professionals. Fax: 312-943-0123. Visit our web site: www.pnbpublishers.com