When your child with epilepsy die suddenly: febrile seizures are part of the process?

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ABSTRACT



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25% of the patients with epilepsy evolve with medically intractable seizures, with a major proportion of patients in the pediatric group⁵. Unfortunately, individuals with epilepsy are at a higher risk of death than those from the general population and each year, about 1:500 to 1:1000 patients with chronic epilepsy will die sud-

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Support

This work was supported by FAPESP/ CNPq/MCT-Instituto Nacional de Neurociência Translacional, CNPq, CAPES, FAPESP-CINAPCe, and FAEPA

Received 6 December 2010 Received in final form 15 December 2010 Accepted 23 December 2010 Some authors had reported an imbalance of inflammatory cytokines, specially an increased production of interleukin 1β that have a proconvulsivant effect in patients with FS³. Also, the high prevalence of family history of FS and occurrence of FS in homozygous twins suggest that genetic factors may play an important role in

¹Centro de Cirurgia de Epilepsia (CIREP), Departamento de Neurociências e Ciências do Comportamento, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo. Ribeirão Preto SP, Brazil; ²Departamento de Fisiologia, Universidade Federal de São Paulo (UNIFESP), São Paulo SP, Brazil; ³Disciplina de Neurologia Experimental, UNIFESP.

denly, suffering of sudden unexpected death in epilepsy (SUDEP)⁶. SUDEP is defined as a death that occurred suddenly, unexpectedly and of non-traumatic and non-drawing, witnessed or unwitnessed, with or without the evidence of a seizure, excluding *status epilepticus*, and without a toxicological or anatomical cause of death in *post-mortem* examination^{7,8} and will be responsible for about 7.5 to 17% of all deaths in epilepsy⁹. Individuals with epilepsy are at a higher risk to suffer of SUDEP. Although there was no suggestion in the literature that FS were related to SUDEP^{1,4} there is a significant association

genes of sodium channels subunits as SCN1B, SCN1A and SCN2A²⁶. Sodium channel mutations of the genes SCN1A, SCN1B and SCN2A had been reported in patients with generalized epilepsy and FS (GEFS+), an autosomal dominant epilepsy^{27,28}, with some of these patients developing latter on temporal lobe epilepsy^{11,12}. Hindocha et al. reported two cases of SUDEP in a family with typical GEFS+ and a novel mutation of SCN1A and raised the hypothesis of a unique mutation to be responsible for both epilepsy and sudden death¹⁰. Corroborating this theory is the finding that SCN1A gene products are present animal studies²⁹⁻³¹.

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animal studies²⁹⁻³¹. It acute FS do not t clear if a suscepith a major risk of ronic epilepsy. Cortal.³² demonstrated ildren that suffered epsy. SUDEP is the Ited cause of death or set of factors inland clear the princuld be prompt and generalized convulurdiovascular asso-

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quency²² but may be triggered by interictal epileptiform discharges, suggesting that transient dysfunction of cortical networks can interfere with cardiac repolarization²³.

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Mutation in potassium channel genes (KCNQ1, KCNH2, KCNE1 and KCNE2) and sodium channel genes (SCN5A) has been related to neonatal seizures and long QT syndrome²⁴ and over one third of referred cases of SUDEP were found to harbor a genetic arrhythmia-susceptibility mutation^{20,25}. Physiologic changes of mutated channels causing seizures or cardiac arrhythmias are similar²⁵. Also, FS is currently observed in patients with epileptic syndromes associated with genetic mutations in

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