

CONVULSIVE DISORDERS

WHO SAID ENGLISH IS EASY?

- FILL THE BLANK WITH YES OR NO ?
-I don't have a brain.
-I don't have sense.
-iam stupid



- Convulsion is spasmodic contraction of muscles



MOST COMMON CAUSES

- Infections-meningitis
- Brain abscess
- Malaria & other febrile illness
- Encephalitis
- Otitis media
- Congenital malformations hydrocephalus
- Metabolic problems hypocalcemia, hypoglycemia
- Toxin –tetanus
- Inherited metabolic disorders-phenylketonuria

Cause cntd

- Sols –haematoma
- Post traumatic convulsions
- Systemic infections –renal diseases

Febrile seizures

A febrile seizure is a convulsion in a child triggered by a fever.



Causes

- Febrile seizures occur most often in otherwise healthy children between ages 9 months and 5 years. Toddlers are most commonly affected.
- Most febrile seizures occur in the first 24 hours of an illness and may not occur when the fever is highest. Ear infections or any cold or viral illness may trigger a febrile seizure.

Symptoms

- A febrile seizure may be as mild as the child's eyes rolling or limbs stiffening. A simple febrile seizure stops by itself within a few seconds to 10 minutes. It is often followed by a brief period of drowsiness or confusion.
- Febrile seizures may begin with the sudden tightening (contraction) of muscles on both sides of a child's body.
- The child may cry or moan.
- The muscle tightening may last for several seconds, or longer.
- The child will fall, if standing, and may pass urine.

Symptoms ctnd

- The child may vomit or bite the tongue.
- Sometimes children do not breathe, and may begin to turn blue.
- The child's body may then begin to jerk rhythmically. The child will not respond to the parent's voice.
- A seizure lasts longer than 15 minutes, is in just one part of the body, or occurs again during the same illness is not a normal febrile seizure.

Exams and Tests

- The health care provider may diagnose febrile seizure if the child has a grand mal seizure but does not have a history of seizure disorders (epilepsy). In infants and young children, it is important to rule out other causes of a first-time seizure, especially meningitis.
- In a typical febrile seizure, the examination usually is normal, other than symptoms of the illness causing the fever. Typically, the child will not need a full seizure workup, which includes an EEG, head CT, and lumbar puncture (spinal tap).
- Further testing may be needed if:

Exams n tests ctnd

- The child younger than 9 months or older than 5 years
- The child has a brain, nerve, or developmental disorder.
- The seizure was confined to one part of the body.
- The seizure lasted longer than 15 minutes.
- The child had more than one febrile seizure in 24 hours.
- The child has abnormal findings when examined

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Treatment

- Move him only if he is in a dangerous location.
- Remove objects that may injure him.
- Loosen any tight clothing, especially around the neck. If possible, open or remove clothes from the waist up.
- If he vomits, or if saliva and mucus build up in the mouth, turn him on his side or stomach. This is also important if it looks like the tongue is getting in the way of breathing.
- Do NOT try to force anything into his mouth to prevent him from biting the tongue, as this increases the risk of injury. Do NOT try to restrain your child or try to stop the seizure movements.
- Focus your attention on bringing the fever down:

- Insert an acetaminophen suppository (if you have some) into the child's rectum.
- Do NOT try to give anything by mouth.
- Apply cool washcloths to the forehead and neck. Sponge the rest of the body with lukewarm (not cold) water.
- After the seizure is over and your child is awake, give the normal dose of ibuprofen or acetaminophen.
- After the seizure, the most important step is to identify the cause of the fever.
- Meningitis causes less than 0.1% of febrile seizures. It should always be considered, especially in children less than 1 year old, or those who still look ill when the fever comes down.

Outlook (Prognosis)

- The first febrile seizure is a frightening moment for parents. Most parents are afraid that their child will die or have brain damage. However, simple febrile seizures are harmless. There is no evidence that they cause death, brain damage, epilepsy, a decrease in IQ, or learning problems.
- Most children outgrow febrile seizures by age 5.
- Few children have more than three febrile seizures in their lifetime. The number of febrile seizures is not related to future risk of epilepsy.
- Children who would develop epilepsy anyway will sometimes have their first seizures during fevers. These seizures most often do not appear like a typical febrile seizure.

Prevention

- Most seizures cannot be prevented. There are some exceptions, but these are very difficult to control, such as head trauma and infections during pregnancy.
- Children who are known to have febrile seizures should have their fevers well controlled when sick.
- The biggest impact caretakers can have is to prevent further injury if a seizure does occur.
- The child can participate in most activities just as other children do. Parents and other caretakers must be aware of added safety measures, such as having an adult around if the child is swimming or participating in any other activities that could result in harm if a seizure occurs.
- One common area for added caution is in the bathroom. Showers are preferred because they reduce the risk of drowning more than baths.
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