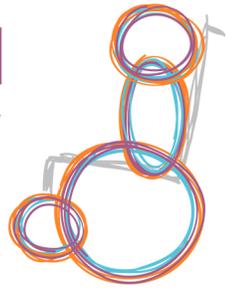


What is the likelihood for ongoing seizures in children without an apparent cause for their particular epilepsy?

childhood
disability
LINK



Summary

Global developmental delay: A diagnosis for a child who is delayed in the achievement of many developmental milestones (in 2 or more developmental domains).

The main aim of this study was to determine what factors predict the seizure outcome of children with epilepsy (specifically epilepsy without an apparent underlying cause). A group of such children were observed who had at least two years of follow-up by a neurologist. Almost three quarters had an excellent outcome consisting of either a) remission (two years seizure free and now off medication) or b) seizure free but on a single medication. Almost half had been seizure free for at least two years at the time of the last follow-up examination. Factors were identified that were closely associated with persistent recurrent seizures and these included the presence of global developmental delay at initial diagnosis and at least one seizure within the first year of treatment. This study suggests that children without an obvious cause to their underlying epilepsy tend to do well in terms of seizure control unless a concurrent global developmental delay is present at initial diagnosis or if seizures recur within the first year of appropriate treatment.

What families should know

A child with epilepsy (with no apparent cause) will likely become seizure free within 2 years, unless he/she has a global developmental delay when first diagnosed and/or experiences a seizure during the first year of treatment.

What practitioners should know

A favorable prognosis can be given to parents who have a child with epilepsy that has no apparent underlying cause. Children with epilepsy of unknown cause who also have global developmental delay may require more intensive scrutiny and follow-up, as they appear to be at greater risk.

Reference

[Tang-Wai, R., Oskoui, M., Webster, R., Shevell, M.I. \(2005\). Outcome in pediatric cryptogenic epilepsy: Seeing through the fog. *Pediatric Neurology*, 33, 244-250.](#)