

Etiology and early Prognosis of Status Epilepticus in patients who admitted in Tabriz Children's Hospital and suggestion of adjusted protocol for it's management

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Abstract:

Introduction: Status epilepticus (SE) is one of the neurologic emergencies of childhood. From an etiologic point of view SE can be divided into 4 categories: 1) Febrile status epilepticus 2) Idiopathic (Cryptogenic) 3) Acute symptomatic 4) Remote symptomatic. Neurologic sequels following status epilepticus include secondary epilepsy, cognition and behavioral sequels and focal neurologic deficits and death. The aim of this study was to determine etiology, early outcome and treatment of pediatric status epilepticus in patients admitted to Tabriz children hospital, and evaluated our hospital's adjusted protocol.

Methods: In this cross-sectional study, 43 patients with status epilepticus under the age of 15 years during one year during January 2013 and January 2014 were enrolled.

All patients were treated using the same protocol; first, they received intravenous diazepam (or rectal diazepam) along with intravenous phenytoin, phenobarbital, midazolam and thiopental sodium as needed.

Result:

During last year 43 children under the age of 15 years were admitted to the Tabriz Children's hospital. The highest rate of status epilepticus in our study was in 1-5 year subgroup. Rate of refractory status epilepticus was 34.9%. The cause of status epilepticus were in 24 patients remote symptomatic (55.8%) in 8 patients prolonged febrile convulsive (18.6%) in 6 patients (14%) acute symptomatic and in 5 (11.7%) idiopathic. Short term outcome was worse in 8 (18.6%) patients (4 cases of death (9.3%) and 4 new sequels), 5 (33.3%) of whom from RSE, and 3 (10.7%) from SE group. Lower age was the most important factor in mortality

rate. After discharge from hospital 3 patients (7%) experienced another episode of status epilepticus (Recurrent SE).

Conclusion: It can be concluded that outcome of status epilepticus in childhood is mainly dependent on underlying disorders.

Keywords: Convulsive status epilepticus, Etiology, Pediatric, , Outcome