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Classification of pediatric epilepsy

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Epilepsy is a common neurological disorder in children. An epileptic seizure is the manifestation of an abnormal and excessive synchronized discharge of a set of cerebral neurons. The clinical manifestations are sudden and transient and include a wide variety of motor sensory or psychic phenomenon with or without loss of awareness. The symptoms depend on the part of the brain involved and in some cases may be very subtle. Epilepsy may be defined as a condition in which patient is prone to recurrent unprovoked seizures. Epilepsy was defined conceptually in 2005 as a disorder of the brain characterized by an enduring predisposition to generate epileptic seizures. This definition is usually practically applied as having two unprovoked seizures more than 24 hours apart. Seizures which have obvious cause do not constitute epilepsy and are termed as acute symptomatic seizures. Classification of epilepsy helps in communication between the doctors, deciding a type of therapy, helps in prognosticating about the likelihood of seizures controls and long term outcome. There have been changes in the terminology used in the classification of seizures and epilepsy syndromes. In 1981, international league against epilepsy (ILAE) proposed a classification based on clinical seizure type and ictal and interictal EEG data and in 1989 for epilepsies (Commission on Classification and Terminology of the ILAE, 1989). A revised version has been proposed in 2010, keeping in mind, neuroimaging, genomic technologies and concepts in molecular biology.

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Thalamocortical micro-structural abnormality in juvenile myclonic epilepsy

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Background & Purpose: Pathology of Juvenile Myclonic Epilepsy (JME) is related to thalamocortical dysfunction. Putamen is closely related to thalamocortical circuit. The purpose of this study is to evaluate microstructure of thalamo-cortica-striatal circuit in JME patients.

Materials & Methods: A case control study was conducted on 13 JME patients and 9 age and sex matched volunteers as control subjects. They were studied using diffusion tensor imaging (DTI) at frontal white matter, thalamocortical fibers in internal capsule and both putamens.

Results: Ten female and three male patients completed the study and their age was 23.38±4.75. Patients had less mean FA in thalamocortical tracts compared to control subjects (p=0.014). No statistically significant difference was found between patients and control subject in other regions of interest.

Conclusion: This study demonstrates micro-structural abnormality in thalamocortical tracts, but not putamin in JME patients.

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