SUMMARY AND CONCLUSION

This is a descriptive study, carried out on 5319 children aged (from birth till 15 years old) came to outpatient clinics of Benha children hospital. Our aim was to detect the prevalence of epilepsy in Benha (Kalubia). :

1- The data about the children attending the outpatient clinics (number, sex, age and address) were collected from medical files.

2- Age of the study group ranged from birth till 15 years old.

3- The data about the epileptic children (number, name, sex, age and address) also were collected from medical files.

4- Data about age at onset, type of seizure, possible aetiology, frequency of seizures, associated conditions and antiepileptic used were collected through individual interviews with epileptic children, physicians and family members whenever possible.

It was found that:

1- 50 cases of epilepsy were identified, and the prevalence rate found to be 9.4/1000.

2- Of the fifty cases, 22 cases (44%) were males, and 28 cases (56%) were females.

3- Prevalence of epilepsy in boys is 8.56/1000, which is slightly lower than that of girls 10.1/1000.

4- About half of the children (46%) were free of seizures for 1 year.

5- 56% of children have their first seizure before the age of 5 years.

6- Partial seizures were more frequent (44%), than the generalized seizures (36%).

7- In most of epileptic children (74%), epilepsy was found to be of idiopathic type.

8- About 28% of total epileptic children were found to have positive family history.

9- Carbamazepine and valporic acid were the most common antiepileptic drugs used (40%, 40%), while phenobarbtail was the least drug used (4%).

10- Most patients were controlled on monotherapy drug (56%), while only (14%) of patients need more than two antiepileptic drugs.

11- Headache was the commonest associated condition in a percentage of about 20% of all epileptic patients.

12- Fever was the most common precipitant factor of seizures.

13- 18 patients had normal interictal EEG record, while 32 children showed abnormal interictal EEG.

14- Most patients showed no imaging abnormality and positive imaging findings were detected in 13 patients.

CONCLUSIONS

It can be concluded that:

Epilepsy is the most common serious neurological disorder and is one of the world's most prevalent noncommunicable diseases. Epilepsy is more than just seizures. It is a disease with huge psychosocial consequences. The distressing psychosocial consequences are evident in the lower rates of education, employment, marriage, and fertility among epileptics as compared to normal controls. As the understanding of its physical and social burden has increased, it has moved higher up in the health care programs.

Around 90% of people with epilepsy in developing countries receive inappropriate treatment. Consequently, people with epilepsy continue to be stigmatized and have a lower quality of life than people with other chronic illnesses.

The main obstacles against appropriate epilepsy therapy are cultural attitudes, a lack of prioritization, poor health system infrastructure, and inadequate supplies of antiepileptic drugs.

A greater understanding of the underlying neuropathology involved in different epilepsy syndromes, proper diagnosis, selection of proper treatment plane, careful follow up and psychosocial care may lead to a better prognosis.

The goals of epilepsy treatment are freedom from seizures, successful continuation of schooling, the maintenance of a stable family situation and finally high quality of life.

RECOMMENDATIONS

We recommended the following:

1) Long-term epidemiological studies aimed to clarify the prevalence of seizure disorders and to identify and classify childhood epilepsy in our locality as this will be of value in early management according to the available resources.

2) Raising the standard of health education system as this will help at reducing the prevalence of CNS infections, perinatal insults and cerebral trauma as these represent the main causes of epilepsy.

3) Every patient with recurrent paroxysmal events should be investigated for the possibility of being epileptic.

4) The epileptic children should be examined regularly for seizure control and prevention of disabilities.

5) The hospital medical files of epileptic children should be regularly updated.

6) All epileptic children should have a follow up system by children Health Insurance Program.

7) All outpatient clinics should apply a pretested questionnaire on suspected children to detect possible unreported cases of epilepsy.

8) Special care should be applied to epilepsy comorbidities and this will facilitate early educational intervention and multidisciplinary therapeutic and rehabilitation approaches.