INTRODUCTION

Epilepsy is one of the oldest conditions known to mankind. It was known to the ancient Babylonians and was described by Hippocrates who considered it a disease of the brain ***(Tempkin, 1971)***.

Epilepsy, which is defined as a chronic condition characterized by recurrent seizures unprovoked by an immediate identifiable cause, is a major health problem worldwide ***(International League Against Epilepsy, 1993).***

Epilepsy is one of the most common neurological disorders of childhood. It is well established that children with epilepsy have a higher incidence of school underachievement because of many factors, including the seizures themselves, the medications that are used to treat seizures, the psychosocial difficulties, and behavioral problems, not to mention the social stigmata and discrimination experienced by persons with epilepsy ***(John et al, 2000).***

Being a long-term illness involving not only an organic impairment or disturbance, but frequently also gives rise to a whole array of problems in a child's or adolescent's daily life at the personal level and in their interaction with and adaptation to their surroundings some patients find that the social attitude, the stigmata, and discrimination against epilepsy are probably more devastating than the disease itself. Social discrimination against persons with epilepsy is mainly the result of incorrect ideas that persons with epilepsy are helpless, more fragile, and mentally retarded, or simply because of fear of being confronted with seizures ***(WHO, 1980).***

More recently, epilepsy has been defined as recurrent convulsive and non-convulsive seizures caused by partial or generalized epileptogenic discharge in the cerebrum. It is characterized by occasional (paroxysmal), excessive and disorderly discharging of neurons that can be detected by clinical manifestations, EEG recordings or both ***(Browne and Holmes, 2004)***.

The definition of epilepsy requires the occurrence of at least one epileptic seizure. An epileptic seizure is a transient occurrence of signs and/or symptoms due to abnormal excessive or synchronous neuronal activity in the brain ***(Robert et al., 2005).***

Epilepsy is a complex symptom caused by a variety of pathological processes in the brain. In most cases however, epilepsy is idiopathic with no apparent pathological basis for the seizures ***(Schechter, 2003).***

Diagnosis of epilepsy is made on clinical background, so history of seizures is the mainstay in the diagnosis. The EEG is a record of the patient's electrical brain activity and may play a variable role in diagnosis either resting EEG, sleep recording or Video EEG monitoring ***(Saiz et al., 2007)***.

MRI and CT scans may be used to evaluate the cause and the location of a possible source of epilepsy within the brain. The scans can reveal scar tissue, tumors or structural problems in the brain ***(Wright, 2003)***.

Seizures are common in the pediatric age group and occur in approximately 10% of children ***(Johnston, 2004)***.

Among the pediatric age group, the prevalence of epilepsy is 18.5 (0.8–49.0) per thousand. This wide range is probably due to the difference between study designs and population groups ***(Hauser, 1998).***

A limited number of studies have been reported from Egypt, in which all age groups were covered. In order to define the age specific epilepsy prevalence rate among children from birth till 15 years old; a study was conducted on a sample drawn from the attendees of the out-patient neurology clinic of the specialized pediatric Hospital in Benha city.