SUMMARY AND CONCLUSION

Convulsive status epilepticus is the most common neurological emergency in childhood and is life-threatening with risk of neurological sequelae**.**

This prospective study was conducted on **40** patients with convulsive status epilepticus for 11 months (17 males and 23 females); their ages ranged from 1 month to 10 years, from those attending the ICU departments of Benha Pediatric Specialized Hospital.

The studied patients were categorized according to classifications of status epilepticus into the six groups acute symptomatic CSE, remote symptomatic CSE, idiopathic, epilepsy-related CSE, progressive encephalopathy CSE, prolonged febrile convulsion CSE and unclassified CSE.

All patients were subjected to full medical history, clinical examination and investigation based on age and likely etiologies include laboratory investigations (serum electrolytes Ca, Mg,Na and k, blood glucose level and metabolic screen if inborn errors of metabolism are suspected), imaging studies (CT ,MRI and cranial ultrasound) and EEG.

We concluded that aetiology of status epilepticus was acute symptomatic 35.0%, idiopathic epilepsy-related 22.5%, progressive encephalopathy 10.0%, prolonged febrile convulsion10.0%, remote symptomatic12.5%and unclassified10.0% and their is no significant relation between sex, type of convulsion and outcome

Febrile status epilepticus is associated with good outcome but remote symptomatic status epilepticus and acute symptomatic status epilepticus

are associated with poor outcome.Outcome of convulsive status epilepticus is primarily dependent on the age of the child. The lower age is associated with poor outcome

Factors that predict the outcome of status epilepticus; there were strong predictors as long duration of SE**,** refractory SE and young age.