SUMMARY & CONCLUSION

Idiopathic epilepsies are group of epilepsies that are genetically determined have no structural or anatomic cause and usually begin early in life. Neurologic examination, intelligence and imaging studies are normal. EEG show only epileptiform abnormalities. In some idiopathic epilepsy, the genetic substrate has been identified whereas in most, it remains unknown **(Benbadies, 2005)**.

Idiopathic epilepsies are a relatively new category of disorders defined by strict clinical and electroencephalogram (EEG) features proposed by the International League Against Epilepsy. The international classification of epileptic syndromes has proposed strict clinical and EEG criteria to individualize idiopathic epilepsies. Clinical experience has shown that these criteria are not always fulfilled by every patient every time and that idiopathic epilepsies represent a heterogeneous condition in which many factors, such as age of onset, external factors, role of medications, and sleep, interact. The precise clinical and EEG phenotype of a single patient is often difficult to ascertain. Genetic studies have to rely on the ILAE clinical and EEG criteria **(Nordli, 2005)**.

The present work aimed to describe the epidemiologic profile of a group of children and adolescents with idiopathic epilepsy through studying the clinical characteristics of one hundred patients with the disorder from those following up at The Neurology Clinic of Pediatrics Benha university hospital.

Using the data collected from each patient from the history, examination and investigations, the possible idiopathic epilepsy syndromes of 100 consecutive patients were reached.

The one hundred enrolled patients have been classified according to the standards set for by the ILAE. Each case was subjected to detailed history taking laying special stress on the types, etiology, age of onset of seizures, family history of seizures or neurological illness, description of the seizure disorder and medical treatment received, and through general and neurological examination including developmental and cognitive function assessment. Twelve(12%) percent were benign rolandic epilepsy, 6% were benign childhood epilepsy with occipital paroxysms, and 4% were childhood absence epilepsy, 2% epilepsy with generalized tonic clonic seizures on awakening. While 75% of patients were diagnosed as, idiopathic generalized epilepsy not otherwise defined.

Upon enrollment, 78% of patients were on monotherapy, 14% were on two drugs while 8% were on three drugs. Valproate and Carbamazepine were the most commonly used medications as first and second choice of treatment, and new AEDs were introduced starting from the second trail, with increased frequency.

From our study, we can conclude that BCECTS is the commonest epilepsy syndrome among the idiopathic specific syndromes; also, we can note that a defined syndrome was not possible in nearly three quarters of the cases (IGE with GTCS only) which paints the need for further elaboration and studies on this large group. Inter-ictal wakes only EEG study may result in loss of some helpful changes in sleep recordings, as seen in a group of our patients with BCECTS.