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Benign epilepsy of childhood with central-temporal spikes

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Background & Aim: Benign Epilepsy of Childhood with Central-Temporal Spikes (BECTS) is the most common focal epilepsy. It is more common in males and the onset between the ages of 3 and 13 years. Onset of the seizure is during sleep, the incident reaches until 80% of time. The clinical manifestations that mostly appear are secondary generalized seizure with a facial/perioral focal onset. The focal, perioral seizure will be reflected either in the aura or in the form of temporary postictal signs or symptoms. The typical features of this seizure include unilateral paraesthesia of the tongue, lips, gums or cheek; speech arrest, hyper salivation, poor swallowing postictally; involuntary movement of the tongue or jaw; or clonus affecting one side of the face. The feature of EEG is diphasic sharp waves in the central-midtemporal area and usually activated by sleep and unilaterally appears in any given EEG recording. The treatment is required if the seizures are frequent or long and typically respond well to carbamazepine, gabapentine, levetiracetam, sultiame or sodium valproate. Aim is to identify clinical features of signs, symptoms and characteristic of EEG pictures.

Method: Observational descriptive study of patient's medical records. Case report is of 11 years old girl who has got epilepsy from 9 years old. Seizures occur with facial twitching and eye blinking. Patient came in for breakthrough seizure which occurs upon sleeping during bedtime, sometimes upon awakening. No preceding aura, but her mother noticed the automatism (lip smacking) prior to seizure attack. Semiology shows generalized tonic clonic seizure with lip smacking, head version to right. No frank serotyped eye movement (sometimes uprolling of eyeballs/eye deviation).

Findings: EEG examination found during sleep showed occasional low voltage stereotyped sharp wave discharge was seen independently over the right and left central-temporal region. These discharges activated in sleep and become bisynchronous. The EEG indicates that the child has a liability to benign rolandic epilepsy (Benign Epilepsy with Centro-Temporal Spikes (BECTS). No clinical events seen throughout recording.

Conclusion: The secondary generalized seizures that happen in childhood especially with perioral and facial signs and symptoms should be suspected as BECTS and should be confirmed by EEG examination. This seizures only need to be treated if its happen frequently. But 90% of these symptoms achieve remission within several years and most by the age of 16 years.

Biography

Hastuti Sri is a Lecturer and Neurologist in Aceh Province, Indonesia. She worked as Faculty of Medicine at Syiah Juala Universit. She completed her Specialist Education at the University of Indonesia. She worked as a Neuropediatric Fellow at University Malaya Medical Center, Kuala Lumpur. She is a Staff of Neurology Department, Zainoel Abidin Hospital, Banda Aceh, Indonesia, Staff of Neuropediatric Division in Neurology Department, Zainoel Abidin Hospital, Banda Aceh Indonesia and Lecturer of Medical Faculty, Syiah Kuala University, Banda Aceh, Indonesia.

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