

Case Reports

EARLY ONSET BENIGN OCCIPITAL EPILEPSY (PANAYIOTOPOULOS SYNDROME): REPORT OF A CASE

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ABSTRACT

Seizure disorders are the most common neurological illnesses in infants and children.

Presented is an 8 year old boy with nocturnal vomiting episodes, found to have EEG characteristics of early onset benign occipital epilepsy, better known as Panayiotopoulos syndrome.

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INTRODUCTION

Seizure disorders are the most common neurological problems in infants and children. "Benign", or idiopathic (genetic) epilepsies prevail in this age group. Of benign *partial* epilepsies, benign partial epilepsy with centro-temporal spikes (Rolandic Epilepsy) is the most common, followed by benign occipital epilepsy (OE). The latter has been divided into 3 groups, based on age of onset, clinical and EEG characteristics¹ (see the Discussion).

An 8 year old boy with clinical and EEG features of "early onset" benign occipital epilepsy, better known as Panayiotopoulos Syndrome (PS), is presented.

CASE REPORT

In June 2004, M.J., an 8 year old Iranian boy presented to the author's private clinic with a chief complaint of 3 annual episodes of vomiting at sleep since 3 years ago. For each episode, he sat up in the bed in the middle of the night, eyes deviated to one side with pallor and some lip cyanosis, minimal hand movement, and he vomited. He was unresponsive, or "minimally respon-

sive" during the episodes; no generalized body spasm, urinary or fecal incontinence, or post-ictal headache occurred. He was the first twin of an uncomplicated pregnancy and delivery. Past history was unremarkable; one cousin had a history of seizure disorder. No history of migraine headache in the family. No history of photosensitivity. General and neurological examination was normal. An awake-to-sleep electroencephalogram (EEG), (Neuroscan LT2001, USA) done after a brief period of sleep deprivation revealed (Figure 1): a) normal background activity, and reactivity to eye opening and closure, 2) right -sided, medium voltage, 1-2 Hz sharp & slow waves at right occipital area seen at photic stimulation, and when the patient went to sleep, when it continued as a train of activity. His brain magnetic resonance imaging (MRI) proved normal, and he was sent home, reassured, with a diagnosis of early-onset benign occipital epilepsy (Panayiotopoulos Syndrome, PS). So far, he has remained asymptomatic.

DISCUSSION

3 variants of benign occipital epilepsy (OC) with occipital spikes have been described:¹

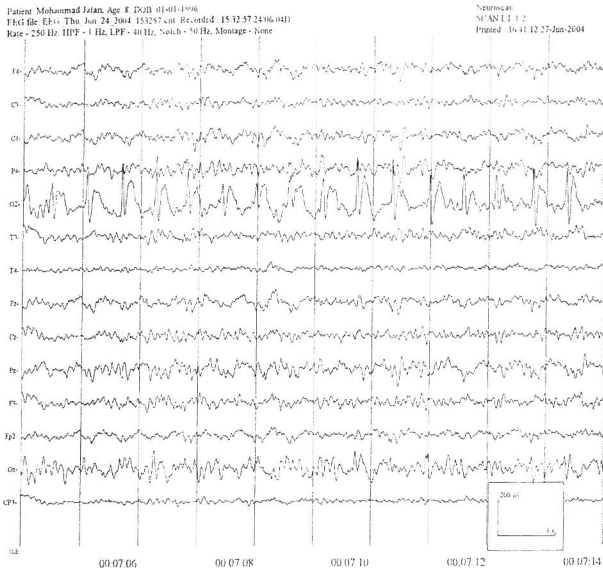


Fig.1. EEG finding.

fifth may develop other seizure types, usually Rolandic, but these also remit before the age of 16,¹⁰ Interictally, 1 to 3 Hz bilateral, or as in our case, unilateral¹¹ occipital, often high amplitude spike waves are seen, in clusters, or singly, but more characteristically continuously, with eye closure, more in sleep, and are abolished with eye opening (fixation-off phenomenon).¹ EEG may be normal while awake-as in our case- and a sleep EEG may be required.¹⁰ Ictal EEG shows a mixture of repetitive slow wave and spikes contralateral to the eye deviation.^{5,6,7,8,9} Because of infrequent attacks, treatment with anti-epileptic drugs (usually carbamazepine) is usually unnecessary.¹⁰

3. Idiopathic photosensitive occipital epilepsy (“Guerrini type”): Photoc stimulation induces focal occipital seizures, manifesting as often brightly colored visual hallucinations, blurring of vision, or blindness. They may last for several minutes up to several hours, and may be accompanied by headache. Such seizures may be induced by television viewing or video-game playing. Prognosis is favorable, and avoidance of precipitating light and administration of valproate is advised.^{12,13}

The symptoms presented, along with the EEG suggest PS, although the EEG lacks the fixation-off phenomenon (occipital paroxysms in the EEG when eyes are closed, or when fixation and central vision are eliminated).¹⁴ He was reassured of the favorable prognosis and was put to regular follow-ups.

CONCLUSION

The case presented is an example of PS, a benign condition in children, the diagnosis of which reassures the parents, and obviates further anti-epileptic treatment.

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