Conclusion: Reduced level of consciousness is the comments indication for eEEG, only a minority had ESE. Sensitivity of eEEG for a positive yield is the same as of routine EEG.

http://dx.doi.org/10.1016/j.ijep.2015.12.036

Efficacy of add on corticosteroids in the management of pharmaco resistant epilepsy in Lennox Gastaut syndrome (LGS), multi center pilot study

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Introduction: Lennox–Gastaut syndrome (LGS) is a childhood epileptic encephalopathy, which is notoriously difficult to treat. Children often end up on poly-pharmacy with numerous anticonvulsants, causing hazardous adversities. The aim was to investigate efficacy of corticosteroids in the management of pharmaco-resistant epilepsy in LGS.

Method: Single armed, open-labeled, efficacy trial with add on corticosteroids was performed over 24-weeks. Primary outcome parameter was seizure freedom, secondary outcome parameters were safety, improvement in behaviour and quality of life. Intravenous methyl-prednisolone was given 30 mg/kg over five days, followed by oral prednisolone 2 mg/kg for 9 days. Steroid was weaned gradually over six weeks. Twice weekly pulses of prednisolone (2 mg/kg) were commenced thereafter, 30 mg/kg intravenous methyl-prednisolone once in 6-weeks. Patients were monitored closely at regular intervals.

Results: Twenty one children, mean age 5.7 years (2.3–16.3 years), males – 11, fulfilled the inclusion criteria. All had daily seizures; axial/axio-rhizomelic tonic seizures (21), myoclonic (16), drop attacks (11), atypical-absences (5). Four dropped out on days 5, 8, 12 and 13 due to hospital-acquired-infection, maternal concerns, uncontrollable hypertension and severe urinary tract infection respectively. All who completed up to day-14 had >50% seizure reduction (seizure freedom in 12). Two relapsed between 18 and 24 weeks. Three had positive urine sugar, all had significant rise in BMI. Height-velocity and electrolytes remained unchanged. The quality of life and childhood behavior scores improved significantly ($P < 0.05$) by 24 weeks.

Conclusion: Majority achieved significant seizure control through steroids, with minimum adverse effects. The quality of life and behavior scores improved significantly. Suggest randomized-blinded-placebo-controlled study to confirm the findings.

http://dx.doi.org/10.1016/j.ijep.2015.12.037

Knowledge and attitude about seizures among caregivers of patients with supratentorial craniotomy

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Background: The risk of seizures in patients after craniotomy, especially in supratentorial approach is high in first five years of surgery. Providing comprehensive home care is mandatory to prevent seizures and to reduce the complications related to it. So it is necessary for caregivers of these patients to have adequate knowledge about seizures and its management along with a positive attitude towards caring them.

Objective: Study was aimed to assess knowledge and attitude about seizures among caregivers of patients who underwent supratentorial craniotomy.

Material and methods: A descriptive study was conducted using purposive sampling on 100 caregivers of postoperative supratentorial craniotomy patients in a tertiary care hospital in India. A structured questionnaire was prepared to assess knowledge and attitude of the caregivers related to various aspects of seizures.

Results: Mean knowledge score of caregivers was 57.34% (28.67 ± 2.80 out of 50) and attitude was 75.50% (75.5 ± 4.68 out of 100). So it is essential to take steps to improve knowledge and attitude of caregivers of postoperative supratentorial craniotomy patients by timely guidance and counseling services to ensure best possible care in terms of prevention and management of seizures in these patients.

http://dx.doi.org/10.1016/j.ijep.2015.12.038

Transient internuclear ophthalmoplegia in post anteromesial temporal lobectomy

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Internuclear ophthalmoplegia (INO) due to lesion in medial longitudinal fasciculus was described due to head injury, multiple sclerosis, pontine infarct and drug intoxication. INO due to head injury was reversible and may be due to ischemia of perforators of vertebrobasilar circulation. Post operative INO is a possibility in brainstem surgery but as a complication of classical epilepsy surgery is not available in the English literature searched.

We present a classical case of left mesial temporal sclerosis for which left anteromesial temporal lobectomy was done. Surgical procedure was uneventful. No hematoma noted at surgical site. Patient had post operative left INO with