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Seizures in children are frightening, but common

Febrile seizures can occur when a young child runs a fever over 100.4 degrees. For a parent confronted with a seizing child for the first time, it can be a terrifying experience.

Convulsions most commonly involve a sudden loss of consciousness associated with rhythmic shaking of muscles. They are very common, occurring in one in every 25 children under 5 years old. The vast majority of children experience them between the ages of 12 and 18 months.

The attacks frequently occur at the very beginning of an infection, while the temperature is rapidly rising. In many cases, this can happen before a parent or caregiver even suspects that the child is ill. Simple febrile seizures usually last less than 15 minutes, and the child awakens without any abnormality or need for treatment.

If your child has a febrile seizure, remember that it will not last very long and should not cause any lasting damage. Make sure that your child's airway is clear, and move the child away from anything that could cause injury should the child flail or lash out.

The diagnosis of a febrile convulsion is made when there is no history of previous convulsions without a fever, and after infections and other physical causes have been ruled out.

If your child has had a febrile convulsion, your doctor will usually require a detailed description of the episode. EEG's, X-rays and laboratory tests are occasionally required, but nothing can take the place of a good report from an observant parent or caregiver. Since, by definition, the seizures occur in the presence of fever, it is important to exclude rare but serious diseases such as meningitis and encephalitis, as well as kidney and liver disorders and chemical imbalance.

Approximately one in three children who experiences a febrile convulsion will have at least one more, and one in 10 is likely to have at least two more episodes. Most episodes will reoccur within a year of the first seizure, and all of the subsequent ones will take place within two years of the first. Infants under 12 months of age who

experience low-temperature seizures and have close relatives with a history of seizures, are most likely to have a recurrence.

If seizures persist, treatment is available. For children with repeated febrile convulsions, rectal suppositories are often prescribed. For children with more complex seizures, effective long-term preventive medication is available and safe.

Medications to bring down a fever or prevent seizures, given early in an illness, have also been recommended to prevent another seizure. But because the seizures often occur before a parent or caregiver even realizes that the child is ill, it is difficult to anticipate when to take action.

Febrile convulsions, like any traumatic childhood event, can be extremely frightening. Parents and caregivers who have witnessed such an event should make certain that their questions are answered and their anxieties addressed. Make an appointment and speak with your pediatrician if you have these or other concerns.

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