ACOCCIN 2017 14th Asian and Oceanian Congress of Child Neurology

Program

[Date] May 11(Thu) » 14(Sun) [Venue] Hilton Fukuoka Sea Hawk
[President] Shinichi Hirose Department of Pediatrics, School of Medicine, Fukuoka University
[Theme] Next Generation Child Neurology: New Momentum from our Region





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President: Shinichi Hirose, M.D., Ph.D.

President, AOCCN 2017 Professor and Chairman

Department of Pediatrics, Fukuoka University

Theme: Next Generation Child Neurology: New Momentum from our Region

Correlation of electroencepahlogram findings and clinical manifestation in pediatric Tuberculous meningitis

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Introduction

- Tuberculous meningitis (TBM) is a severe intracranial infection producing more electroencephalogram (EEG) abnormalities than other.
- Limited study has described the EEG pattern and clinical manifestation of TBM.
- The objective of this recent study was to investigate the correlation between clinical findings and EEG pattern in children with TBM.

Methodology

- A retrospective design study was conducted in children with TBM that underwent EEG studies.
- Clinical manifestation such as the history of seizure, altered of consciousness, headache or fever were collected. EEG description reported is classified in one of the consecutive abnormal EEG I. II or III.
- Correlation between EEG pattern and clinical manifestation were statistical analyzed.

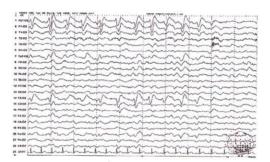


Figure 1. EEG showed epileptiform discharges originating from left frontal

Results

- TBM cases were found in 12 children.
- They mostly presented with seizure, the decrease of consciousness and fever.
- The EEG was abnormal in 75% children in which 77% of them showed epileptogenic activities that
 mostly described in the frontotemporal region.
- There was a significant correlation between EEG abnormality and seizure manifestation in TBM (p<0.05).

Conclusion:

- The EEG pattern in children with TBM show diversity.
- Abnormality localized in the frontotemporal region is more commonly found.
- The seizure was associated with EEG abnormality in TBM.

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