UNIQUE PRESENTATION OF EPILEPSIA PARTIALIS CONTINUA IN A 6-YEAR-OLD BOY

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BACKGROUND

Epilepsia Partialis Continua causes the patient to have recurrent focal motor epileptic seizures of hands and face, followed by unilateral weakness. There are numerous causes, such as inflammation following infections or autoimmune processes in children. These epilepsies are notorious for being resistant to medication and the main goal of treatment is to prevent generalisation.

6-year-old boy presented to a district general hospital following first unprovoked episode of generalised tonic-clonic seizure with associated urinary and faecal incontinence. Patient developed an isolated constant right arm tremor one week prior to this. Aged 2 years old, patient developed an isolated muscle wasting, stiffness and shortening of left lower leg, which was treated with tendo-achilles lengthening and plantar fascia release. At few weeks of age patient had fever and encephalitis was suspected. Otherwise a fit and well child with normal development and cognition. His father had TIA and strokes aged 62 and 67 respectively.

Information was collected from the patient, parents, notes and hospital databases.

OBSERVATION

On examination, the patient had continuous choreoathetoid movement of his right arm, which was exacerbated on testing of right arm reflexes. Patient also had an isolated dysmetria in his right arm. Choreic movement of his tongue was also noted. His tone, power and reflexes in his upper limbs were normal. He had a reduced power in his left leg of 4/5. His knee and ankle reflexes were brisk (left more brisk than right). His plantar was up-going on the left and down-going on the right. He had loss of muscle bulk in his left calf (calf diameter 4 cm less than the right calf) and his left leg was shorter by 1.5 cm than the right leg.

He was referred to the tertiary hospital and the following investigations were normal: MRI spine, muscle biopsy, extensive neurometabolic screen, autoantibodies and inflammatory investigations, nerve conduction studies and EMG, and EEG. However, MRA and MRI head showed regions of damage with scarring and volume loss within both cerebral hemispheres, seen in the left superior and middle frontal gyri and on the right in the paracentral lobule, right thalamus and right superior middle frontal gyri junction, some of which could represent anterior watershed ischaemic injury.

KEY MESSAGE

It is essential to pay attention to the history, as the identification of the cause of Epilepsia Partialis Continua is the key in treatment.