

Febrile Seizures

Deborah G. Hirtz, MD*

IMPORTANT POINTS

1. Most children who have febrile seizures do very well, and the risk of epilepsy is low.
2. The earlier the age at which the first febrile convulsion occurs, the more likely are recurrences.
3. Diagnostic laboratory tests never should be routine. Neuroimaging rarely is indicated.
4. Meningitis always should be ruled out, either clinically or by lumbar puncture if indicated.
5. Treatment has not been shown to reduce the risk of later epilepsy and carries a risk of side effects.

Definition

Febrile seizures are the most common convulsive disorder in young children. As defined in a 1993 National Institutes of Health consensus conference, a febrile seizure is:

"An event in infancy or early childhood, usually occurring between three months and five years of age, associated with fever but without evidence of infectious infection or defined cause. Seizures with fever in children who have suffered a previous nonfebrile seizure are excluded. Febrile seizures are to be distinguished from epilepsy, which is characterized by recurrent nonfebrile seizures."

This definition excludes seizures that accompany neurologic illness, such as meningitis, encephalitis, or toxic encephalopathy. Seizures in these instances do not carry the same prognosis as febrile seizures because the underlying illness may affect the central nervous system.

Febrile seizures have been discussed in the medical literature since the time of Hippocrates, but it was not until the middle of the present century that they were recognized as a separate syndrome distinct from epilepsy. An early classification proposed by Livingston divided them into "simple febrile seizures" and "epilepsy triggered by fever,"¹ like included in the latter definition febrile seizures that were prolonged or focal or that occurred in a child who has a family history of epilepsy. These definitions no longer

are used because it has become clear through prospective epidemiologic studies that there is not nearly as great a risk for development of epilepsy or recurrent afebrile seizures as had been attributed by Livingston to the seizures he called "epilepsy triggered by fever."

More recently, febrile seizures have been divided into two subgroups: simple febrile seizures, which last fewer than 15 minutes and are generalized, and complex febrile seizures, which are prolonged, multiple within 24 hours, or focal. Children in either of these subgroups may have a pre-existing neurologic abnormality or a family history of febrile or afebrile seizures.

Epidemiology

Febrile seizures occur in approximately 2% to 4% of young children in the United States, South America, and Western Europe. They are reported to be even more common in Asian countries. Several large prospective studies have determined that in approximately 20% of cases, the first febrile seizure was complex, lasted more than 15 minutes, was focal, or involved at least two seizures within 24 hours. The most common age of onset is in the second year of life. Febrile seizures are slightly more common in males.

RISK FACTORS FOR A FIRST FEBRILE SEIZURE

In studies comparing children who have febrile seizures with febrile controls, a higher temperature was a risk factor for the development of a febrile seizure, as was a history of febrile seizures in a close relative. In

a similar study in which both febrile and afebrile control children were examined, a family history of febrile seizures, neonatal discharge 28 days or later, parental report of slow development, and child care attendance were risk factors for febrile seizures (Table 1). Another recent study found a correlation between low serum sodium levels and risk for developing febrile convulsions.

RECURRENCE

After the first febrile seizure, approximately 33% of children will experience one or more recurrences, and about 9% of children who have febrile seizures will have three or more. The younger the child when the first febrile seizure occurs, the greater the likelihood of recurrence. Most recurrences (73%) happen within 1 year. A recent study has shown an increased risk of recurrence to be associated with a shorter duration of fever before the initial febrile seizure and a lower temperature. Family history of febrile seizures is another reported risk factor for recurrence. A family history of afebrile seizures has been reported as a risk factor for recurrence in some studies, but not in others. "Complex" febrile convulsions are not more likely to be followed by recurrences. Young age of onset and a family history of febrile convulsions are the strongest and most consistent predictors of recurrence (Table 2).

EPILEPSY

Although it has been reported that febrile seizures preceded 1.5% of

TABLE 1. Risk Factors for a First Febrile Seizure

- Family history of febrile seizures
- Neonatal discharge >28 days
- Delayed development
- Child care attendance
- Low serum sodium
- Very high fever

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1997 Year Of Pediatrics

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Studies Every Pediatrician Should Know Ashaunta T. Anderson,Nina L. Shapiro,Stephen C. Aronoff,Jeremiah Davis,Michael Levy,2016 50 Studies Every Pediatrician Should Know presents summaries of key studies that have shaped the current clinical practice of pediatrics Numerous subspecialties are covered including cardiology and neonatology An illustrative clinical case concludes each review followed by brief information on other relevant studies **Year Book of Pediatrics** ,2002

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Pediatric Allergy, Asthma and Immunology Arnaldo Cantani, 2008-01-23

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Principles and Practice of Pediatric Infectious Diseases E-Book Sarah S. Long, Charles G. Prober, Marc Fischer, David Kimberlin, 2022-03-10

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Swaiman's Pediatric Neurology - E-Book Kenneth F. Swaiman, Stephen Ashwal, Donna M Ferriero, Nina F Schor, 2011-11-11

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Practical Approach to Pediatric Intensive Care Praveen Khilnani, 2023-10-31 This book is a comprehensive guide to all aspects on paediatric intensive care The fourth edition has been fully revised to include the latest guidelines and advances in technology The extensive text of 1200 pages explains practical and surgical issues with thorough coverage of respiratory and cardiac care Other conditions specific to different systems of the body are also discussed endocrine gastrointestinal neurological and more Several chapters are dedicated to environmental injuries including burns electric shock heat disorders near drowning and poisoning The book concludes with discussion on psychosocial issues ethical and medicolegal aspects training research quality improvement and use of therapeutic drugs in paediatric intensive care The text is highly illustrated with clinical photographs diagrams and flowcharts Key points Comprehensive guide to all aspects of paediatric intensive care Fully revised fourth edition featuring latest guidelines and technological advances Extensive text of 1200 pages further enhanced by clinical photographs diagrams and flowcharts Previous edition 9789351527398 published in 2015

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