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A case report on gelastic seizure

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Gelastic seizure is a rare seizure type, with laughter as the main ictal manifestation. In the presence of a hypothalamic hamartoma, laughing seizures are referred to as gelastic epilepsy which is seen in less than 5% of epilepsies. These seizures begin during infancy with a progressive course and may present with precocious puberty and cognitive decline. In the absence of a hypothalamic hamartoma, gelastic seizures have a later onset and are more seldom encountered. These are seen in less than 1% of all epilepsies and occur as part of a frontal or temporal lobe epilepsy. For gelastic seizures not associated with this lesion, prognosis is good since they are more responsive with AEDs and may be controlled by a single AED. This is a case report of a 7-year-old male who presented with recurrent attacks of spontaneous, mirthless, and inappropriate laughter associated with hyperkinetic movements. Workup did not show a hypothalamic hamartoma. Interictal EEG showed bilateral frontal lobe discharges in prolonged runs. He was given carbamazepine which provided adequate seizure control. This is the second case reported at the Philippine Children's Medical Center from 1992 until present.

Biography

Micah Villalobos is a dedicated and compassionate third-year pediatric resident, making significant contributions to the field of pediatric medicine at the Philippine Children's Medical Center (PCMC). With a passion for improving the lives of young patients and their families, Dr. Villalobos has embarked on a remarkable journey of medical education, clinical practice, community service, and research.