

Clinical commentary

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Paroxysmal non-epileptic events in infancy: five cases with typical features

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Paroxysmal non-epileptic events (I)

- Detailed history plus video are of considerable help in the differentiation of epileptic paroxysmal events from non-epileptic events without unnecessary investigations (e.g. muscle biopsy and lumbar puncture).
- When there is any doubt of the origin of an unusual movement, long-term video-EEG examination should be performed.
- Parents should be encouraged to make videos to document extra movements of their children.

Paroxysmal non-epileptic events (II)

1. Benign neonatal/infantile sleep myoclonus
 - occurs only during sleep and ceases after awakening
 - the typical age ranges from a few days to six months
2. Jitteriness
 - tremor can be stopped by touching or flexion of the involved limbs
 - can be induced by certain types of stimuli

Paroxysmal non-epileptic events (III)

- 3. Shuddering attack
 - resembles shaking and grimacing
- 4. Paroxysmal tonic upgaze
 - eye balls slide upwards and the gaze of the child becomes vacant
 - benign in most cases, but follow-up is necessary
- 5. Infantile gratification (masturbation)
 - stereotypic movement that may last hours
 - the parents should be reassured that this is normal behaviour
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