

MIDAZOLAM AS TREATMENT OF RECURRENT SEIZURES IN A CHILD WITH RETT SYNDROME

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BACKGROUND

Prevalence of epilepsy in Rett syndrome varies from 50% to 90% in different studies with a drug resistance of about 40% (Huppke, Kohler et al. 2007).

About 1/3 of cases can arise like prolonged, recurrent or status epilepticus. Treatment in these cases represents a neurologic emergency and short time for drug giving.

It's a long time now that recurrent seizures were exclusively treated with rectal Diazepam.

Recently, in Italy, in commerce exists oromucosal Midazolam, a very good choice in those cases.

RESULTS

We describe Midazolam therapeutic efficacy in a fourteen child with Rett syndrome suffering from focal epilepsy and secondary generalization.

Seizures were left versis ones and lasted 15"-25". All the time, about 2h and 8,' was EEG monitored.

Initially, lapse was about 150"-180" and after giving 1mg e.v. of Midazolam, it prolonged 300"-330". After a 20' time, a further giving of 5 mg e.v. of Midazolam, seizures had cessation. Recording was interrupted after 25 minutes of seizures cessation.

CONCLUSIONS

This case is important to stress:

1. Total control of recurrent seizures with Midazolam e.v. in this child with Rett syndrome;
2. Good investigation of drug-dose giving;
3. Easy handling of this oromucosal drug at home.

Indeed, many comparative studies (Mpimbaza, Ndeezi et al. 2008) demonstrate that oromucosal Midazolam is at least as effective at seizure cessation as rectal diazepam, it is also associated with a similar or shorter time to response and a minor sedation effect due to a shorter half-life.

BIBLIOGRAPHY

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