

Poor Seizure Control Among Children Attending a Tertiary 8 Hospital in South Western Uganda – A Retrospective Study [Response to Letter]

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Dear editor

The authors thank Selvi A. Mangundap for the keen interest in our study. The author notes that data obtained using medical records, it is difficult for researchers to determine matters related to the seizure onset, nature, and duration of the seizure when the patient comes to the hospital. Diagnosing epilepsy is difficult, particularly in LMICs like Uganda with few neurologists or other health-care professionals have the necessary expertise and time to acquire the detailed history needed for ILAE classification of epilepsies.¹ Reliable and robust technologies facilitating a diagnosis would therefore be helpful. The study set out to determine the seizure control and factors associated with poor seizure control among children with confirmed epilepsy who had been attending the paediatrics epilepsy clinic at MRRH for at least 6 months. All the children attending the epilepsy clinic are reviewed by a pediatric neurologist and diagnoses various comorbidities associated with the seizures.²

The high prevalence of poor seizure control in this study could be due to the fact that the participants were largely from rural areas and could be having challenges in accessing ASMs and medical services. Over 40% of the children had associated comorbidities that can make seizure control challenging. With the limited investigative capacity diagnosing refractory types of epilepsies with neuroimaging remains a challenge. The study team will look at the number of antiepileptic drugs (AED), electroencephalogram (EEG) data and seizure free time from the clinic to further explore seizure control.³ Given the suggestions, the hope is that we may provide more information in the future regarding the detailed individual phenotypes to assist in the interdisciplinary treatment and prognosis of patients who have complicated neurodevelopmental disorders.

Disclosure

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