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Clinical Videos

Epilepsia Partialis Continua (EPC): An Interesting Case Video

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I N F O

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A B S T R A C T

A focal motor variant of status epilepticus is Epilepsia Partialis Continua (EPC), which is characterised by an increased frequency of repetitive and arrhythmic muscular jerky movements that can continue over a prolonged time interval. These movements may affect a group of muscles or a single muscle. These movements are usually stereotyped and might affect the entire limb or hemi-body. EPC is a rare disease and is reported mostly in the form of case series. The incidence is higher in males compared to females and is mostly treatment-resistant. We, hereby report an interesting video of a young girl with EPC, who was managed successfully and discharged in a seizure-free state.

Keywords: Epilepsia Partialis Continua, EPC, Seizure

A focal motor variant of status epilepticus is Epilepsia Partialis Continua (EPC), which is characterised by an increased frequency of repetitive and a rrhythmic muscular jerky movements that can continue over a prolonged time interval.[1] We, hereby report the case of a young girl with EPC, who was managed successfully and discharged in a seizure-free state.

A developmentally normal 12 years old female presented to paediatric emergency with complaints of continuous, twitching movements, over the right side of the face for two days. There was no-involvement of limbs, faecal or urinary in continence, or altered sensorium (Video). At admission, her GCS was E4M5V5 with stable vitals. Her blood counts, sugar, i Ca, and cerebrospinal fluid examination came out to be normal. The patient was given a myriad of antileptics, including intravenous valproic acid, phenytoin, levetiracetam, and midazolam infusion. As she was not responding to these drugs, she was started on intravenous lacosamide and oral oxcarbazepine by day 4, following which seizures reduced in frequency. In view of the CT head showing a hypodense lesion bilaterally in the parietal region with peripheral enhancement, and EEG showing non-specific diffuse slowing, the possibility of autoimmune encephalitis was considered. The child was started on intravenous immunoglobulin and methylprednisolone, after which her seizures significantly reduced. She was discharged in a seizure-free state without any neurological deficit on oral lacosamide, oxcarbazepine, and clobazam.

Aggressive and prompt management is warranted in such cases before any permanent structural damage occurs.

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