Faktor risiko epilepsi intraktabel pada anak dengan epilepsi umum = Risk factors of intractable childhood generalized epilepsy

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Abstrak

[ABSTRAK
Latar belakang: Epilepsi umum merupakan jenis epilepsi yang sering dijumpai pada anak. Data mengenai faktor risiko epilepsi intraktabel pada anak dengan epilepsi umum masih sangat terbatas. Perlu dilakukan penelitian lebih lanjut untuk mengetahui faktor risiko yang berperan dalam kejadian epilepsi intraktabel sehingga dapat menjadi dasar dalam tata laksana serta edukasi pasien dan orangtua.

Tujuan: (1) Mengetahui karakteristik pasien epilepsi umum dan frekuensi terjadinya epilepsi intraktabel pada anak dengan epilepsi umum . (2) Mengetahui apakah usia awitan, tipe kejang, frekuensi awal serangan, status perkembangan motor kasar awal, respon terapi awal, gambaran EEG awal, dan gambaran MRI/CT Scan kepala dapat menjadi faktor risiko terjadinya epilepsi intraktabel pada anak dengan epilepsi umum. (3) Mengetahui apakah evolusi status perkembangan motor kasar, dan evolusi EEG epileptiform dapat menjadi faktor risiko terjadinya epilepsi intraktabel pada anak dengan epilepsi umum

Metode: Penelitian kohort retrospektif berdasarkan rekam medis dilakukan di poliklinik rawat jalan neurologi anak Departemen Ilmu Kesehatan Anak FKUI-RSCM dan poliklinik anak swasta RSCM antara bulan September sampai dengan Desember 2014 terhadap anak epilepsi umum usia koreksi 1 bulan hingga 18 tahun, dengan lama pengobatan minimal 6 bulan. Faktor risiko dianalisis bivariat dan multivariat.

Hasil: Angka kejadian epilepsi umum intraktabel adalah 21 (21%). Usia subjek terbanyak adalah usia >3 tahun sebanyak 85(83%) subjek. Pada analisis bivariat didapatkan faktor risiko yang bermakna adalah usia awitan kejang <1 tahun (OR 11,4 IK 95% 3,45-37,62), frekuensi awal serangan 5 kali/hari (OR 8,5 IK95% 2,90-24,80), respon awal terapi buruk (OR 160 IK 95% 19,12-1339,06), evolusi status perkembangan motor kasar buruk (OR 4,9 IK95% 1,79-13,67) dan evolusi EEG epileptiform buruk (OR 10 IK95%3,25-30,92). Pada analisis multivariat didapatkan respon awal terapi buruk dengan nilai OR 144,3 (IK95% 15,47-1345,59) dan usia awitan kejang < 1 tahun dengan nilai OR 9,6 (IK95% 1,78-51,92) merupakan faktor risiko yang berpern untuk menjadi epilepsi umum intraktabel.

Simpulan : Angka kejadian epilepsi umum intraktabel sebanyak 21%. Faktor risiko yang sangat berperan adalah respon terapi awal buruk dan usia awitan kejang <1 tahun.
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ABSTRACT
Background: Generalized epilepsy is the most common type of epilepsy in children. Limited datas of intractable epilepsy risk factors are available at present. Therefore, more studies are needed to investigate the risk factors of intractable epilepsy in order to manage and educate both patients and parents.

Objective: (1) to describe characteristic and frequency of intractable epilepsy in children with generalized epilepsy, (2) to investigate the role of age onset of seizure, initial seizure frequency, type of seizure, early gross motor developmental status, early therapeutic response, early EEG description and cerebral MRI/CT scan as risk factors of intractable epilepsy in children with generalized epilepsy, (3) to investigate the role of gross motor developmental status evolution and epileptiform EEG evolution as risk factors of intractable epilepsy.

Methods: Retrospective cohort study was conducted at neurology outpatient pediatric RSCM and private outpatient clinic between September to December 2014. The inclusion criteria was generalized epilepsy children age 1 month of corrected age to 18 years old which has been treated with antiepileptic drugs for at least 6 months. Risk factors were analyze with bivariate and multivariate analysis.

Results: Prevalence of intractable generalized epilepsy is 21%. Most subject are >3 years old 85(83%) subject. Bivariate analysis showed that age onset of seizure (OR 11,4 CI95% 3,45-37,62), initial seizure frequency 5 times/day (OR 8,5 CI 95% 2,90-24,80), non-responder of early treatment (OR 160 CI 95% 19,12-1339,06), unfavorable gross motor development evolution (OR 4,9 CI 95% 1,79-13,67) and unfavorable epileptiform EEG evolution (OR 10 CI 3,25-30,92) are significantly associated with intractable epilepsy. The most important among those risk factors based on multivariate analysis are non-responder of early treatment with OR 144,3 (CI95% 15,47-1345,59) and age onset < 1 year old with OR 9,6 (CI 1,78-51,92).

Conclusions: Prevalence of intractable generalized epilepsy is 21%. Non-responder early treatment and age onset of seizure < 1 year old are strongly associated with intractable generalized epilepsy.;Background: Generalized epilepsy is the most common type of epilepsy in children. Limited datas of intractable epilepsy risk factors are available at present. Therefore, more studies are needed to investigate the risk factors of intractable epilepsy in order to manage and educate both patients and parents.

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