**Epilepsy Syndromes of Childhood & Adolescence**

**West Syndrome**

West syndrome consists of infantile spasms, a specific EEG pattern and learning difficulties. Infantile spasms are a type of epilepsy which usually starts in the first year of life usually between 3-6 months of age. The condition is called West's Syndrome after Dr. West who first described the condition in his own 4 month old son in 1841. This type of epilepsy occurs in about 1 in every 2 – 4,000 children. Infantile spasms have lots of different causes. However, in many children a cause cannot be found. The condition rarely runs in families, unless it is a symptom of a genetic disease such as tuberous sclerosis.

**Symptoms**

90% of children who have infantile spasms develop them in the first year of their life. Initially, the seizures are often brief, infrequent and not typical so it can take a while before an accurate diagnosis is made. Frequently, because of the pattern of attacks and the kind of cry the child makes, colic is thought to be the cause.

The spasms normally involve stiffening of the body and arms. The legs bend and the knees move towards the stomach. Most limbs appear to bend together. For this reason these spasms can also be called “salaam attacks” because the appearance of the seizures is like a bowing movement.

Sometimes, however, the spasms can be quite different and the child’s back arches and the arms are flung outwards suddenly.

Usually the spasms affect both sides of the body, but sometimes one side is affected more than the other. Typically each spasm lasts one or two seconds. Whilst single spasms may occur, infantile spasms usually occur in “runs” of several in a row. It is common for babies who have infantile spasms to become irritable and for their development to be delayed or even seem to go backwards, until the spasms are controlled.

**Diagnosis**

Most children will need a number of tests such as an EEG (electroencephalogram) test which records the ongoing electrical activity in the brain, and will show a very disorganised pattern called “hysarrhythmia”. Other tests include brain scans, blood and urine tests and sometimes, spinal fluid tests which may help to determine the underlying cause of the spasms.

Because the spasms may be infrequent and hard to recognise, the correct diagnosis may be delayed.

**Treatment**

The main treatments used are Vigabatrin (Sabril), steroids, and anti-epileptic drugs including Sodium Valporate (Epilim), Nitrazelapam (Mogadon), Cloneazapam (Rivotril).