

PROPHYLACTIC TREATMENT OF FEBRIL CONVULSIONS IN CHILDREN WITH PHENOBARBITAL (CONTINUOUS) COMPARED TO DIAZEPAM (INTERMITTENT)

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Introduction

Febrile convulsions (FC) are a common phenomenon in childhood, with a frequency of 4-10% and a recurrence rate of 33-50%, depending on the age of debut of the first access, most often does not leave sequelae, and treatment prophylactic of relapses remains controversial.

Keywords Febrile convulsions (FC), treatment, Diazepam, Phenobarbital

Purpose

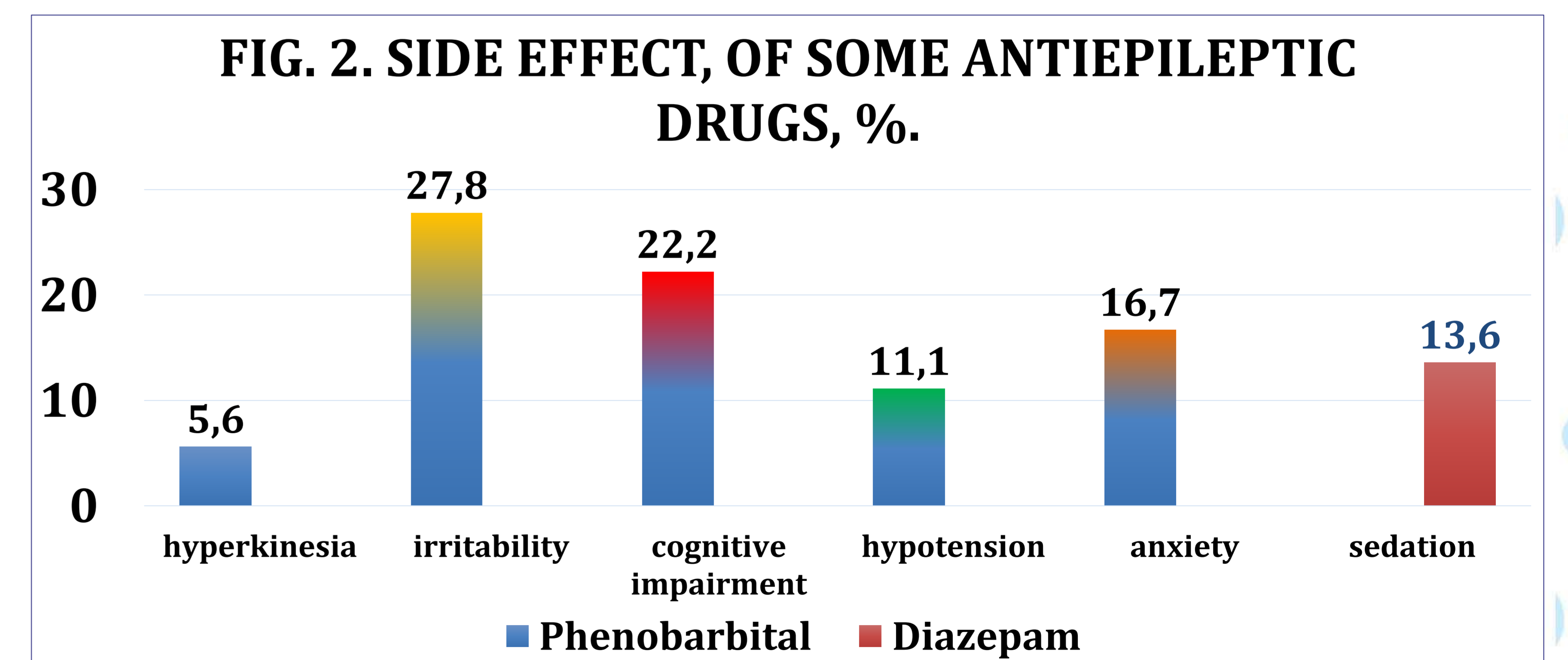
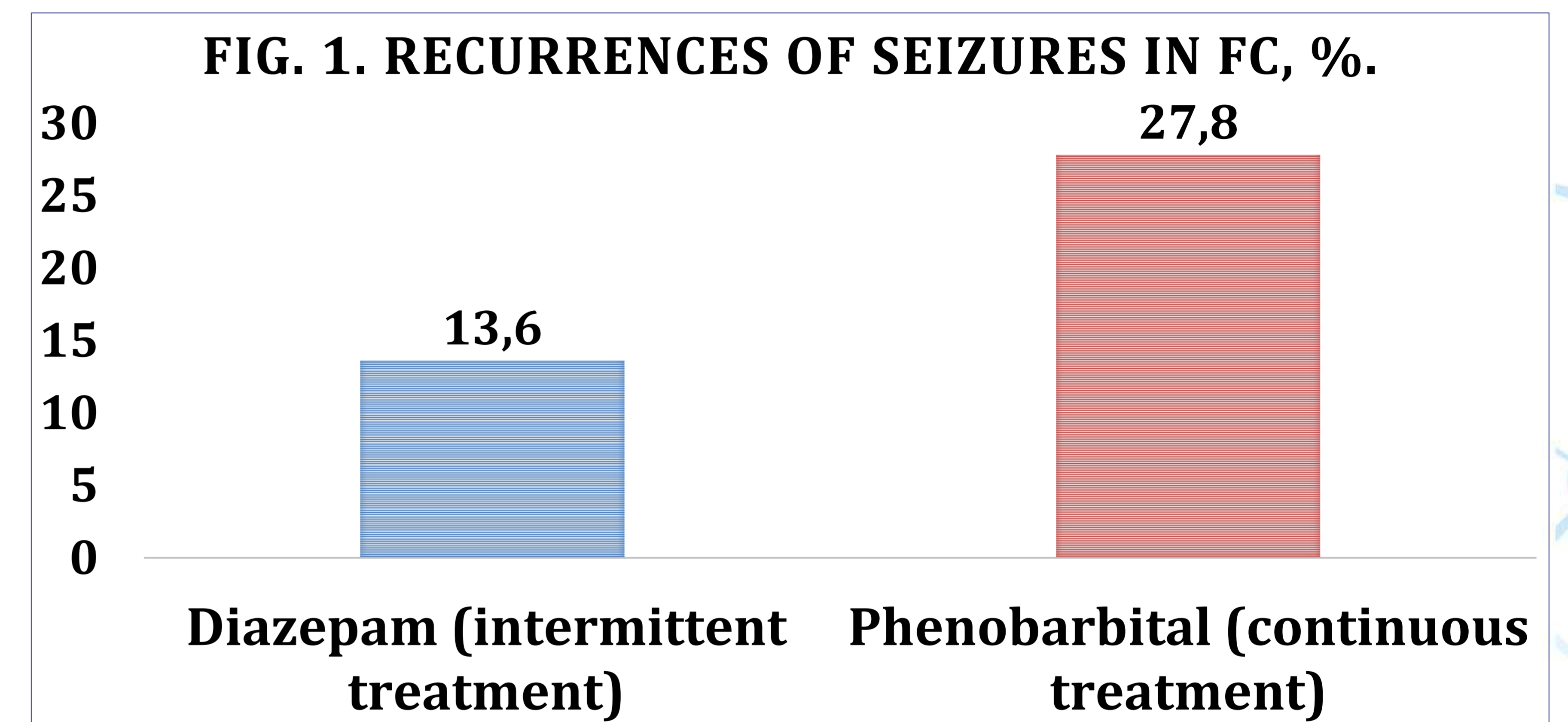
Continuous prophylactic treatment of CF with Phenobarbital generates adverse effects. Given the minor side effects of intermittent treatment with Diazepam, as well as the benign nature of CF, this method would be an optimal choice in CF prophylaxis.

Material and methods

Prospective study, a group of 40 children (age 6 months - 5 years), selected in accordance with the critical clinic for simple or complex CF, who were hospitalized in the department of neurology and IMSP Mother and Child Institute. Of these, 22 children who used Diazepam as intermittent treatment during CF, 18 - received Phenobarbital as continuous treatment after febrile access.

Results

Recurrences of seizures in CF in the group of children who used Diazepam (intermittent treatment) were found in 3 children (13.6%), and in the group of children with Phenobarbital (continuous treatment) - in 5 children (27.8%), (fig. 1). The most common side effects of Phenobarbital were: hyperkinesia (5.6%), irritability (27.8%), cognitive impairment (22.2%), hypotension (11.1%) and anxiety (16.7%), and during intermittent treatment with Diazepam, no side effects were observed, except for sedation (13.6%), fig. 2). No significant difference ($p > 0.05$) was observed in the recurrence of CF in the administration of continuous and intermittent treatment.



Conclusions

Continuous prophylactic treatment of CF with Phenobarbital generates adverse effects. Given the minor side effects of intermittent treatment with Diazepam, as well as the benign nature of CF, this method would be an optimal choice in CF prophylaxis.