Pediatric Neurology Part I: Chapter 60. Idiopathic generalized epilepsies (Handbook of Clinical Neurology)

Roberto H. Caraballo, Bernardo Dalla Bernardina

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Idiopathic generalized epilepsies (IGEs) may start in infancy, childhood, or adolescence, but some have an onset in adulthood. They are genetically determined and affect otherwise healthy people of both sexes and all races, and are generally lifelong. Some, however, are age related. IGEs account for nearly a third of all epilepsies. According to the International League Against Epilepsy (ILAE) proposed classification, the following IGEs are recognized in accordance with the age at onset (): benign myoclonic epilepsy in infancy (BMEI), generalized epilepsies with febrile seizures plus (GEFS+), epilepsy with myoclonic–astatic seizures (EMAS), epilepsy with myoclonic absences (EMA), childhood absence epilepsy (CAE), and IGEs with variable phenotypes (IGEVP) that include juvenile absence epilepsy (JAE), juvenile myoclonic epilepsy (JME), and epilepsy with generalized tonic–clonic seizures only (EGTCSO). These IGEs raise a conceptual issue since some conditions are epilepsy syndromes (a combination of a given age of onset, seizure type(s), and interictal and clinical and EEG features) (i.e., BMEI, EMAS, EMA, CAE, JAE, JME) whereas others join several types of epilepsy in a given family (i.e., GEFS+and eventually IGEVP and EGTCSO). This chapter describes the electroclinical features, evolution, and therapeutic aspects of IGEs.

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