

# Benign Rolandic Epilepsy



Benign Rolandic Epilepsy always begins in childhood. It is called 'benign' because nearly all children with it will outgrow it during puberty - and 'rolandic' because it is in the part of the brain called the rolandic area that the seizures begin.

Benign Rolandic Epilepsy (BRE) is one of the most common types of epilepsy in children. BRE affects both boys and girls, but is slightly more prevalent in boys. It usually starts between the ages of 3 and 12 years, and often stops around puberty (aged 14-18 years). Children who have this type of epilepsy are usually well otherwise and do not generally have any learning difficulties, although some do have specific difficulties with reading and language.

## **Symptoms (What happens)**

Seizures often start as the child is waking up in the morning. There is a feeling of tingling (like pins and needles) on one side of the mouth involving the tongue, lips, gum and inner side of the cheek. The seizure may also involve the throat which may cause speech to be unclear and therefore difficult to understand. The child may make strange throaty or gurgling noises and it is often this which alerts parents that something may be wrong. The child often knows what they want to say but cannot speak properly.

The seizure may also cause twitching movements (called clonic movements) or a stiffness (called a tonic movement) of one side of the face. These movements may then spread to the arm and/or the leg, usually on the same side as the movements in the face. Occasionally, both sides of the body are affected. When this happens, the child loses consciousness, becomes stiff and has regular, jerking movements of the arms and legs. The child may also be incontinent. This is called a tonic-clonic seizure. A tonic-clonic seizure is a generalised seizure. After this seizure, the child will be sleepy and some children may sleep for a few hours.

## **Diagnosis**

In order to make a clear diagnosis, an accurate history of the seizure(s) and an electroencephalogram (EEG) test will need to occur. (An EEG records the electrical activity in the brain).

## **Treatment**

Some children with BRE may be treated with either carbamazepine or sodium valproate in a tablet or syrup form. Treatment with medication is not always considered necessary since it is known that the seizures will tend to disappear when the child gets to puberty. In addition, many children will only have one or two seizures and

therefore will not need any treatment. The type of treatment necessary will be discussed with the client and their family by the treating Doctor.

### **Will I always have seizures**

The fact that this type of epilepsy is called benign means that it has a very good outcome. Nearly all children with this type of epilepsy will outgrow the tendency to have seizures during puberty.

If you have any questions relating to this article, please feel free to contact me at The Epilepsy Centre on 1300 850 081. Mark Francis, Epilepsy Educator.

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