

“Clinical aspects of febrile seizures, knowledge, attitude, practice and impact in admitted children and Socio-demographic characteristics of the parents: A Study in Dhaka Shishu (Children) Hospital, Dhaka, Bangladesh”

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Abstract: Febrile seizures are common and mostly benign. They are the most common cause of seizures in children less than five years of age. There are two categories of febrile seizures, simple and complex. Febrile seizures (FS) are a standard, worldwide benign condition with a wonderful prognosis. This case control study was conducted within the amount between March 2015 till June the same year in emergency, Observation & Referral Unit of Dhaka Shishu (Children) Hospital, Dhaka, Bangladesh, getting to discover some facts regarding FS in our community. 116 Children's with FS were listed within the study WHO (World Health Organization) were aged matched to four controls to work out risk factors for a primary FS. The mean (\pm SD) age of youngsters underneath the study was 22.4 ± 14.3 months. 63 (54.3%) of the Children's were aged 18 months and below, mean (\pm SD) age of onset of seizures was 16.1 ± 9.6 months. Male to feminine ration was 1.5: 1.70 Children's (60.3%) of FS were simple seizures whereas 46 Children's (39.7%) were complicated. In Children's with perennial FS, 25 had complicated seizures representing 54.3% of total children with complicated seizures and seventeen children had a simple seizure. Risk factors for a primary FS were found to be highest with parental perception of slow development (OR: 11.59), case history of FS in an exceedingly second – degree relative (OR: 7.20) then case history of FS in an exceedingly first-degree relative (OR: 4.04). International studies have found case history in first-degree relatives, child discharge once 28 days and case history of FS in second-degree relatives to be necessary risk factors. 47.2% of youngsters with perennial FS had their 1st attack of seizure before one year elderly, and 19 of them had a positive case history in an exceedingly degree relative. 97 of the oldsters knew fever will cause convulsions. 6.9% connected the cause on to looking and another 6.9% to witch craft. 33.6% of oldsters thought of FS as a kind of brain disease. 26.7% of the oldsters recognized aspiration as associate acute complication of seizure. Injuries (19.8%) and cardiopulmonary arrest (2.6%) were recognized to a lesser degree. more investigations once associate attack of FS were requested by 32.8% and 49.1% requested more medicine follow-up. 28.5% thought of anticonvulsants a corner-stone of management and 4.3% thought of ancient medication because the solely treatment choice. Health institutes and personnel (12.9%) and media (9.5%) were weak sources of data. the bulk of data (77.6%) was gathered from neighbors and relatives. 62.1% of oldsters thought of associate attack of FS a serious grievous event dysfunction was expected by 71.6% of oldsters, whereas brain harm and retardation were expected by 56.9%. Death was expected by 39.7% of oldsters. Ancient treatment was advocated by 30.2% of oldsters. Care to be applied throughout a seizure was renowned by few and performed by fewer. Non-recommended or perhaps harmful practices were thus prevalent (82%).

Keywords: anticonvulsants, antipyretics, epilepsy, febrile infection-related epilepsy syndrome, febrile status epilepticus, meningitis.

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I. Introduction

Febrile seizures are common and mostly benign. They are the most common cause of seizures in children less than five years of age. There are two categories of febrile seizures, simple and complex. Both the International League against Epilepsy and the National Institute of Health has published definitions on the classification of febrile seizures. Febrile seizures are the foremost common and benign convulsive disorder in childhood and an often reason for emergency hospital admission (1). Febrile seizures (FS) are age dependent and are rare before the age of 9 months and once 5 years of age, the height age of onset is 14-18 months (1). 2 to 5% of youngsters experience a minimum of one FS before the age of 5 in Western Europe and also the US, and 6 to 9% of youngsters in Japan (2). Seizures were recognized as complications of febrile diseases from the time of the first Greeks (3). The robust dependence of FS on age for the expression was noted from medical man writings (3). Hippocrates discovered youngsters are not seemingly to have convulsions if the fever is high this most typically seems below the age of seven. Particularly seemingly to occur throughout the eruptions of the canines. Thomas Willis (3) in 1667 declared that youngsters are a lot of subject to convulsions inside the primary or second month once they're born and once more concerning the time of growth. A relationship between growth and convulsions was seen in four of thirty medical man Aphorisms (3). Then again the events were thought of two times associate instead of mutually beneficial.



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A positive case history of convulsions in folks was thought of a very important predisposing factor, Starsmare (3) in 1664 wrote 'signs of the approaching of it in youngsters square measure as a result of the kid is born of oldsters that have this Falling Sickness'. Greeks (3) thought of FS as a sacred malady. Different predisposing factors square measure cold phlegms, obesity and arduous bellies, state of nutrition, humours and vapours, adverse prenatal events, influences of air, water and places, infectious disease variola major contagion and strait garments (over heating). Death, medicine sequelae and later brain disorder was thought of the foremost frequent outcomes of FS from the earliest times. Hippocrates (3) specially believed that permanent medicine sequelae protected the kid from an additional seizure attack which youngsters WHO (World Health Organization) recover utterly square measure a lot of to blame for recurrences. Since then they were thought of to be severe and fatal till within the Nineteen Seventies, once 2 population based mostly studies (4) shaped this read of FS; that they are: common, many recur, development outcome isn't altered and few youngsters later develop brain disorder.

II. Review Of The Literature

FSs generally occur between 3 months and 6 years of age. They're associated with fever, but whereas not proof of intracranial infection, a defined cause or previous non-febrile seizures (Consensus Development Conference on febrile Seizures 1980). Most FSs are single generalized seizures of length however 15 minutes, but 10-30% are refined, i.e. prolonged (duration quite fifteen minutes), multiple (with a repeat among twenty four hours) or having focal choices (Nelson & Ellenberger 1978, Verity et al. 1985a, Knudsen 1990) [86]. FSs have an honest prognosis and are to be distinguished from nervous disorder that's characterized by continual motiveless seizures (Consensus Development Conference on febrile Seizures 1980) [87]. Since fever can provoke seizures in epileptic patients at any age, an initial seizure occurring throughout fever could also be the first manifestation of nervous disorder, but one seizure with or without fever never justifies a designation of nervous disorder.

III. Justification

Febrile seizures (FS) is a common paediatric problem, which causes severe psychological reaction in the parents. Besides, there are many wrong traditional and local methods of management as a result of lack of proper knowledge of FS by the parents. Only one study has been conducted on FS in Sudan investigating the

clinical pattern of FS, but no study on parent’s knowledge, attitude, practice and psychological impact of FS on the parents has been done before.

IV. Objectives

- a) To study the clinical types and relative risk factors in children presenting with febrile seizures (FS).
- b) To study the knowledge, attitude and practice of parents toward their children with FS.
- c) To investigate the effect of FS on the behavior and emotional situation of the parents.

V. Methods and Materials

Study design: Is a hospital based case control study.

Study area: The study was conducted in emergency, Observation & Referral Unit in Dhaka Shishu (Children) Hospital, Dhaka, Bangladesh.

Study duration: The data was collected in the period between the 1st of March 2015 and the 5th of July the same year.

Study population: Children admitted in the above mentioned hospitals with a confirmed diagnosis of febrile seizures were the subject of the study.

Inclusion criteria: A febrile seizure child was outlined as an antecedently traditional kid, aging between half-dozen months and half-dozen years presenting with a fever associated seizure with exclusion of any acute medicine sicknesses or metabolic abnormalities. Any Children presenting with a fever-associated seizure below the age of eighteen month has undergone a spinal puncture to exclude infectious disease. If the seizure was a return, a radical physical examination was done to exclude any abnormal medicine signs and establish the underlying explanation for fever then applicable laboratory investigations were done. Youngsters with ages higher than eighteen months were examined for abnormal medicine signs (including signs of tissue layer irritation) associate degree for an underlying explanation for fever then investigated. Youngsters were ascertained for a minimum of twenty four hours in hospital with treatment of the doable underlying explanation for fever.

Controls: every case was age-matched to inside 6 months to two febrile and two afebrile controls that had never had a seizure. Controls given to the emergency department inside 10 days of 2 Units the presentation of the febrile seizure child. Exclusion criteria:

Children with any of the following were excluded from the study:

- a) Children with fever associated seizures age less than 6 month or more than 6 years (72 months).
- b) Previous afebrile seizure.
- c) Known neurologic abnormality (e.g. cerebral palsy).
- d) Meningitis or encephalitis; by examining the CSF.
- e) Suspicious neurological findings after the seizure: loss of consciousness, weakness and others.
- f) Refusal of parents or guardians to participate in the study.

Controls were not included if they had a past history of afebrile or febrile seizures, were neurologically abnormal or parents refuse to participate in the study.

Sample size:

Sample size calculation was supported a pair of sided significance check. The calculated sample size was 116 cases Associate in Nursing 464 controls (ratio of 1:4) and this could notice an odds magnitude relation of 3.86 or additional at a population prevalence of the danger factors of 2.7% with an influence of eightieth and sort I error of 0.5. The calculation was performed mistreatment EPI data 2000 – Statically routine and used estimates of odds magnitude relation and management prevalence of risk factors from a previous study (10). The first half obtained personal knowledge of the child and his oldsters. The second half obtained knowledge considering the feverish seizure; whether or not it absolutely was 1st or repeated, its clinical sort, risk factors for a primary feverish seizure and, in cases of return, risk factors for a repeated FS. The third a part of the form was for assessing the information of the fogeys toward feverish seizure. The information was concerning the character of feverish seizure, explanation, attainable imitative factors, complications throughout the seizure and management. The quarter was composed of inquiries to assess the final angle of the fogeys toward FS and inquiries to establish the attainable role of ancient drugs in FS management. The common fraction was accustomed get knowledge concerning practices throughout the present seizure: counseled attention practices and non-recommended practices. It conjointly enclosed questions on recognition of the seizure, thoughts at that point and immediate effects of the seizure on the fogeys. For assessing the psychological impact of the seizure on the witnessing parent, the sixth a part of the form enclosed the Arabic translation of the State-Trait Anxiety Inventory (STAI)(93). The inventory may be an analysis instrument for the study of tension in adults and a self-reported assessment device, which incorporates separate measures of state, and attribute anxiety. In line with the

author, state anxiety reflects and fugacious emotion or condition of the human organism, that's characterized by subjective consciously perceived feelings of tension and apprehension and heightened involuntary system activity. Scores on the STAI have an instantaneous interpretation, high scores on their various scales means that additional attribute or state anxiety and low scores mean less. The information obtained from the form was entered into the pc and analyzed mistreatment applied math package of social sciences (SPSS). Descriptive and comparative statistics were performed. Chi-square check was employed in assessing the result of general characteristics on attaining the desired information. Student-t check was accustomed compare between means that. Epi-Info 2000 Statcalc routine program was accustomed calculate relationships between the danger factors and therefore the development of FS and Odd Ratios and relative risks (RR) obtained.

VI. Results

A total of 116 children with a confirmed designation of FS were enclosed during this study. The witnessing parent was interviewed exploitation the form and information obtained. The age of the children beneath the study ranged between 6 and 72 months with a mean age $22.4 \text{ month} \pm 14.3$ (mean \pm SD). 60.3% of them were males and also the remainder (39.7%) was females, male to feminine quantitative relation was 1.5:1 (**Figure 1**). Within the sample mean age of the mothers was 29.8 ± 5.6 years (mean \pm SD) as shown in table one and mean age of fathers was 38.9 ± 6.8 years (mean \pm SD). twenty nine of the mothers (25%) were illiterate, 43 (37.1%) received Khalwa or solely grammar school education, 32 (27.6%) received middle school education and solely twelve (10.3%) had university or higher-grade education (**Figure 3**). 14 of the fathers (12.1%) were illiterate, 49 (42.2%) received Khalwa or grammar school education, 38 (32.8%) had middle school education and fifteen (12.9%) had university and higher-grade education (**Figure 2**). The majority of the mothers were housewives with a share of eighty four.5%, 4 (3.4%) were laborers, 13 (11.2%) were worker and only 1 mother (0.9%) was an expert (**Figure 3**). In seventy four of the children (64.7%) it absolutely was their 1st attack and within the remainder, 42 (35.3%) the FS was a return (**Figure 4**). easy FS occurred in seventy (60.3%) of study cluster. the rest forty six (39.7%) had a posh seizure (**Figure 5**). Of the children WHO (World Health Origination) had complicated options, half-dozen had a seizure, in fourteen the seizure lasted over quarter-hour and thirty four had over one attack of seizure at intervals twenty four hours (**Figure 6**). Some having two options of quality. In children with recurrences twenty five had a posh seizure, presenting 54.3% of total children with complicated seizures. 63 (54.3%) of the children beneath the study were aged 18 months and below, 32 (27.6%) were over eighteen months and up to thirty six months older, 21 (18.1%) were aged over 36 and up to 72 month (Table 2). In cases of recurrences, 25 (58.5%) had their 1st attack of FS once aged one year and below, 34 (80.4%) once aged 18 months and below and most thirty eight (90.2%) after they reached 2 years older (**Table 3**). children presenting with their 1st FS had a mean age of onset of 18.3 ± 11.4 month (mean \pm SD), mean age of youngsters with return for a primary attack of seizure was 13.9 ± 7.8 months (mean \pm SD) and mean age for a primary feverish seizure within the study cluster was 16.1 ± 9.6 months (mean \pm SD) as shown in table four. There was a statistically vital distinction in age of {the 1st|the primary} presentation between children presenting with their first and repeated FS (P Value=.0001). There was no distinction between the study and management teams concerning age, mean age of controls was 23.7 ± 15.9 months (mean \pm SD). A positive case history for a FS in a very degree relative was found in twenty six (22.4%) of the study cluster compared to 31 (6.7%) of the four64 controls with AN odd quantitative relation of 4.04 and a relative risk of two.65 (Table 5). A positive case history of FS in a very second degree relative was found in ten (8.6%) of the study cluster compared to six (1.3%) of the management cluster with AN OR of seven.20 and a relative risk of three.33 (Table 5). Parental perception of slow development was explicit by the fogeys of thirteen (11.2%) children from the study cluster compared to five (1.1%) of the management group; with AN OR of eleven.59 and a relative risk of three.94 (Table 5). None of the children within the study cluster were discharged from the nursery when twenty eight days or admitted to the babe ward in any respect. Compared to at least one kid (0.2%) within the management cluster (Table 5). 62 (53.4%) of the study cluster had none of the chance factors. In children with a return, the primary seizure occurred before one year previous in twenty (47.6%) of the forty two children and a positive case history of FS in a very first-degree relative was found in eight (**Table 6**). numerous FS data aspects of the witnessing parent were assessed exploitation the third a part of the form. 97% of the interviewed oldsters knew before that fever will cause convulsion and in exactly three it absolutely was the primary time to check or hear regarding it. 86.2% connected the cause on to fever. 6.9% mentioned that the sole attainable cause is witchery and another half-dozen. 9% connected it on to AN evil-eye, however fever are often a agitate issue. None connected the cause to AN underlying brain abnormality or prenatal events (**Figure 7**). Easy FS occurred in seventy (60.3%) of study cluster. the rest forty six (39.7%) had a posh seizure (**Figure 7**). Of the children WHO had complicated options, half-dozen had a seizure, in fourteen the seizure lasted over quarter-hour and thirty four had over one attack of seizure at intervals twenty four hours (**Figure 8**). Some having 2 options of quality. 63 (54.3%) of the children beneath the study were aged eighteen months and below, 32 (27.6%) were over eighteen months and up to thirty six months older, 21 (18.1%) were aged over thirty six

and up to seventy two month (**Table 2**). In cases of recurrences, 25 (58.5%) had their 1st attack of FS once aged one year and below, 34 (80.4%) once aged eighteen months and below and most thirty eight (90.2%) after they reached 2 years older (Table 3). children presenting with their 1st FS had a mean age of onset of 18.3 ± 11.4 month (mean \pm SD), mean age of youngsters with return for a primary attack of seizure was 13.9 ± 7.8 months (mean \pm SD) and mean age for a primary feverish seizure within the study cluster was 16.1 ± 9.6 months (mean \pm SD) as shown in table four. There was a statistically vital distinction in age of the 1s the primary presentation between children presenting with their first and repeated FS (P Value=.0001).There was no distinction between the study and management teams concerning age mean age of controls was twenty three.7 \pm 15.9 months (mean \pm SD). A positive case history for a FS in a very degree relative was found in 26 (22.4%) of the study cluster compared to thirty one (6.7%) of the four64 controls with AN odd quantitative relation of 4.04 and a relative risk of 2.65 (**Table5**).A positive case history of FS in a very second degree relative was found in ten (8.6%) of the study cluster compared to six (1.3%) of the management cluster with AN OR of 7.20 and a relative risk of 3.33 (**Table 5**).Parental perception of slow development was expressed by the fogeys of thirteen (11.2%) youngsters from the study cluster compared to five (1.1%) of the management group; with Associate in Nursing OR of eleven.59 and a relative risk of three.94 (**Table 5**). None of the children within the study cluster were discharged from the nursery when twenty eight days or admitted to the infant ward in the least. Compared to 1 child (0.2%) within the management cluster (**Table 5**). 62 (53.4%) of the study cluster had none of the danger factors. In youngsters with a repetition, the primary seizure occurred before one year recent in twenty (47.6%) of the forty two youngsters and a positive case history of FS in a very first-degree relative was found in eight (**Table 6**).

Table (1): Showing age of mothers(n=116).

| Mothers age | Frequency | % |
|--------------|------------|------------|
| 15 - <20 | 2 | 1.7 |
| 20 - <30 | 47 | 40.5 |
| 30 - <40 | 58 | 50 |
| 40 \leq | 9 | 7.8 |
| Total | 116 | 100 |

Table (2): Distribution of the study group according to age(n=116).

| Age (months) | No. | % |
|--------------|------------|------------|
| 6-18 | 63 | 54.3 |
| 19-36 | 32 | 27.6 |
| 37-72 | 21 | 18.1 |
| Total | 116 | 100 |

Table (3): Age at 1st presentation in children with recurrences(n=116).

| Age at 1 st presentation | No. | % | Cumulative percent |
|-------------------------------------|-----------|------------|--------------------|
| 6-12 | 25 | 58.5 | 59.5 |
| 13-18 | 9 | 21.4 | 80.9 |
| 19-24 | 4 | 9.8 | 90.4 |
| 25-30 | 2 | 4.9 | 95.2 |
| 31-36 | 2 | 4.9 | 100 |
| Total | 42 | 100 | 100 |

Table (5): Risk factors for a first febrile seizure(n=116).

| Risk factor | Study | | Control group | | OR | Relative risk |
|--|-------|------|---------------|-----|-------|---------------|
| | No. | % | No. | % | | |
| Positive family history in 1st degree relative | 26 | 22.4 | 31 | 6.7 | 4.04 | 2.65 |
| Positive family history in 2nd degree relative | 10 | 8.6 | 6 | 1.3 | 7.20 | 3.33 |
| Neonatal discharge after 28 days | - | - | 1 | 0.2 | - | - |
| Parental perception of slow development | 13 | 11.2 | 5 | 1.1 | 11.59 | 3.94 |

| | | |
|------|----|------|
| None | 62 | 53.4 |
|------|----|------|

Table (4): Mean age of children for a first FS (n=116).

| | Mean age ± SD (month) | |
|--|-----------------------|-------------|
| Children presenting with a first FS | | 18.3 ± 11.4 |
| Children presenting with a recurrent seizure | 13.9 ± 7.8 | |
| All children in the study | 16.1 ± 9.6 | |
| P. Value : .0001 | | |

Table (6): Risk factors of a recurrent seizure(n=116).

| Risk factor | No. | % |
|--|-----|------|
| 1 st seizure occurring before 1 year old | 20 | 48.7 |
| Positive family history in 1 st degree relative | 8 | 19.5 |

Table (7): Types of traditional management of FS as stated by some parents (n=35).

| Type of management | No. | % |
|--|-----------|------------|
| Cauterizing the child’s forehead with a burned straw 3 times by a left hander person | 11 | 31.4 |
| Visiting Al-Sheikh | 10 | 28.5 |
| Higab – Mahaya | 3 | 8.6 |
| Bakhour&Azaaim | 3 | 8.6 |
| Fogaraa&Aroog | 2 | 5.7 |
| Cutting a rosary on the convulsing child & Opening a Houg | 2 | 5.7 |
| Drawing a line on the child’s forehead by Sultan’s charchot powder & rubbing the body with aster | 2 | 5.7 |
| Soaking millets in water (millets take the disease) | 1 | 2.9 |
| Bathing the child 7 times in the place where the seizure occurred | 1 | 2.9 |
| Total | 35 | 100 |

Figure (1): Distribution of the study group according to gender.

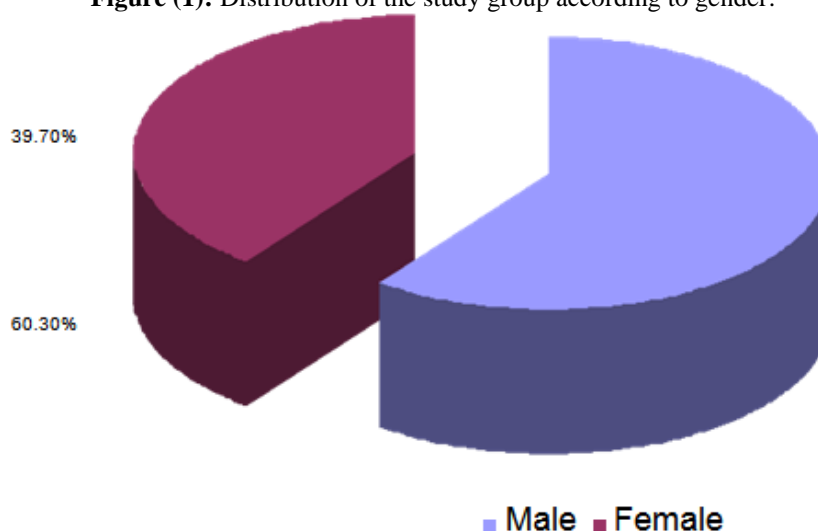


Figure (2): Mothers and Fathers Education.

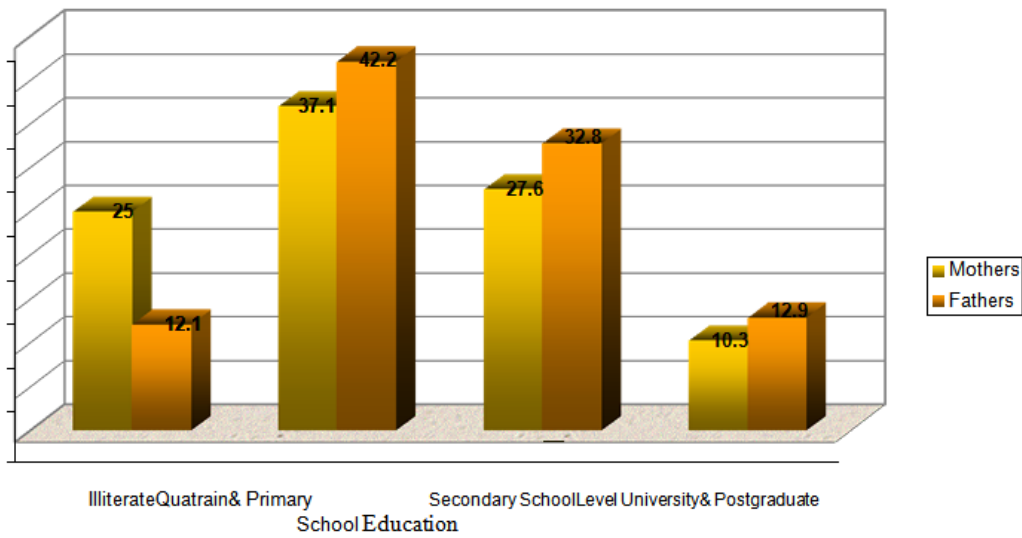


Figure (3): Mothers occupation.

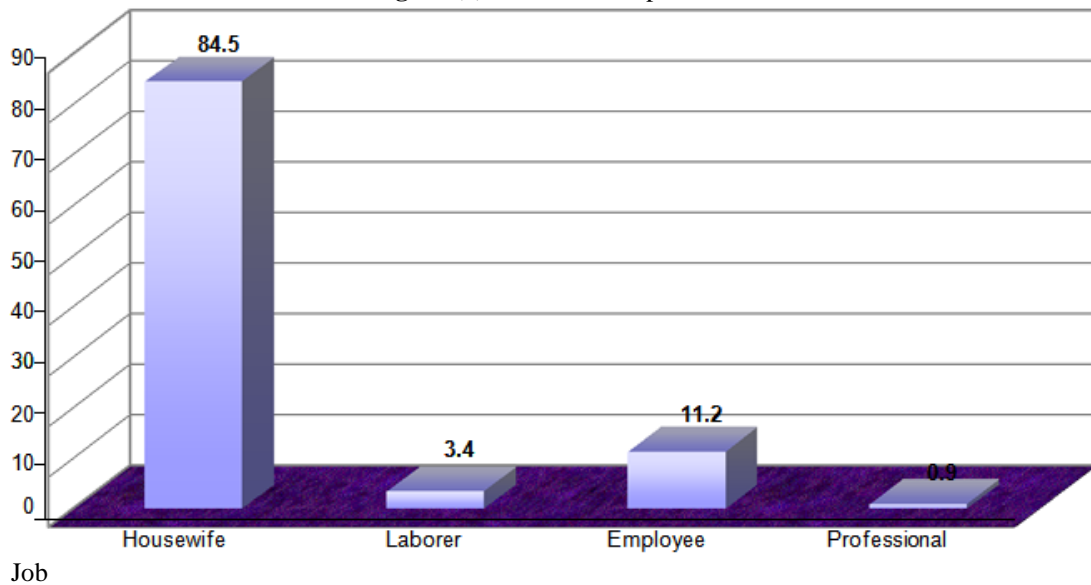


Figure (4): First and Recurrent Seizures.

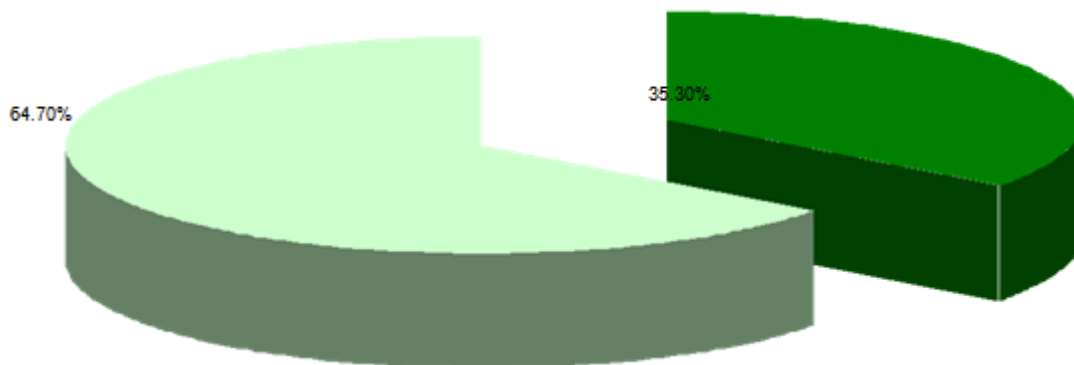


Figure (5): Type of seizure in recurrent seizure.

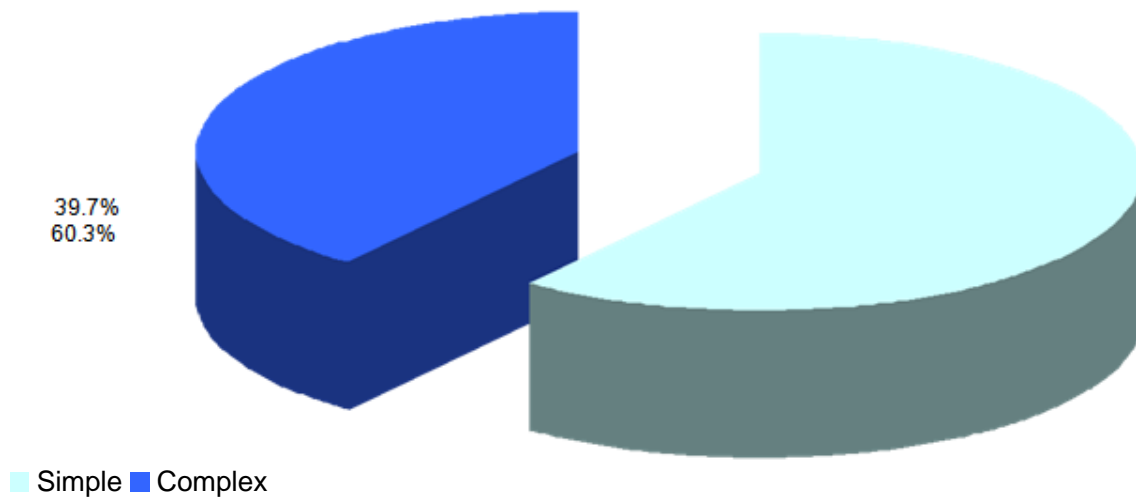


Figure (6): Characteristics of complex febrile seizures.

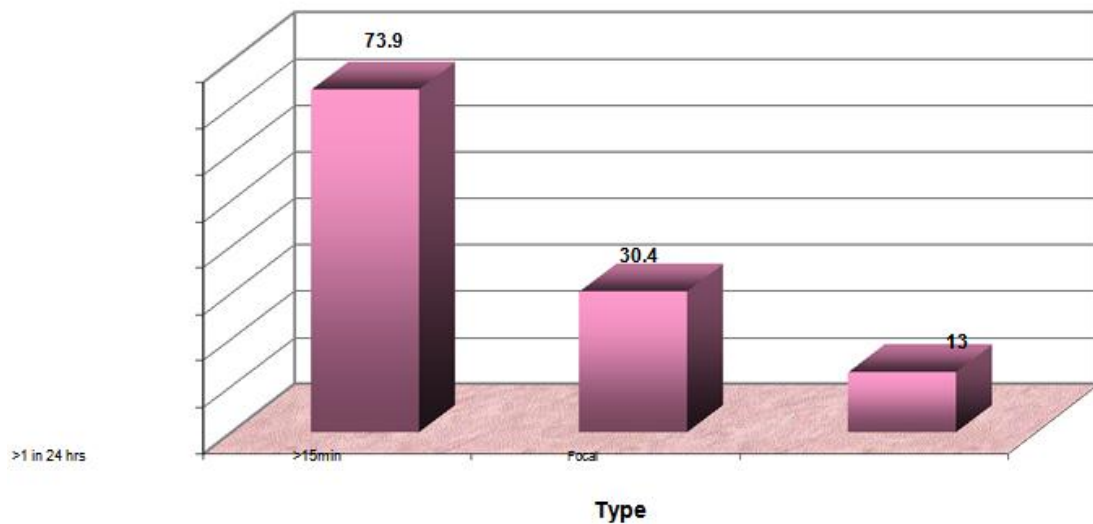
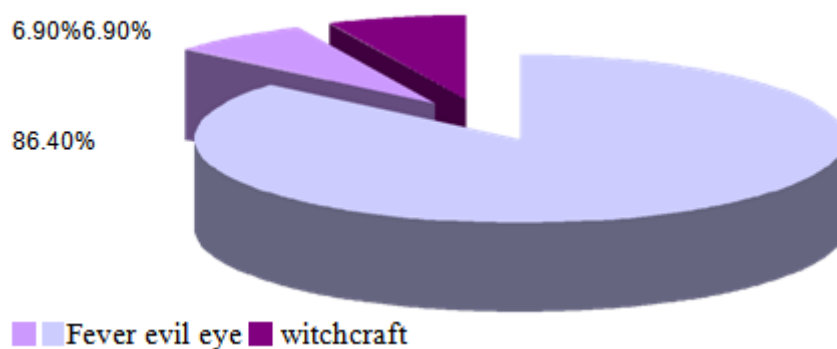


Figure (7): Possible causes of febrile seizures.



VII. Discussion

Febrile seizures are unit harmless conditions with a superb outcome, however is related to an excellent deal of tension and apprehension by the oldsters. It has been extensively studied in different countries relating to risk factors, clinical aspects and psychological impact however just the once in our country. The mean age of youngsters within the study was twenty two.4 months that was corresponding to that found by Nelson(6) in his

cohort (23.25 months) however under that reportable by Parmar(86) (27.6 months) and Abdallah(92) (30.3 months). Male to feminine quantitative relation one.5: one that was the same as that reportable antecedently by Abdallah(92) (1.6 : 1) however above reportable between the Indian population by Parmar (86) and yankee population by Bethune(10) and Swiss population by Flury(84). Our findings, suggests FS may need a small male preponderance in Sudanese youngsters. Mean age of mothers in our study was corresponding to the mean age of mothers in Huang's study (1) however lower thereto reportable by Verity(61) and Van Suijvenberg(79). Mean age of fathers were comparable between them. One quarter of the mothers of youngsters within the study were illiterate, that may be a high share, however far higher than antecedently mentioned by Abdallah(92) twenty two years ago that seventy seven.2% of the mothers were illiterate. Only 12.1% of the fathers were illiterate. Parmar (86) found that thirty two.8% of his interviewed folks were illiterate. 37.7% of our mothers and 45.7% of our father's received high education (secondary college or higher education) compared to solely 12.9% of the Indian folks (86). This finding would possibly counsel that Sudanese population may need higher education than Indian. 2 thirds of our study cluster conferred with a primary FS that was the same as international studies(6,86), and slightly under antecedently reportable by Abdallah(92) in Sudanese youngsters (72.9%). In comparison to Abdallah's(92) study we tend to found a lower share of youngsters presenting with an easy seizure (97.1 vs 60.3%), however corresponding to that found by Verity(61). 28.4% of youngsters presenting with their 1st FS had a fancy seizure that is adequate to the figure reportable by the National cooperative prenatal Project study(4,6), however slightly above that found by Bethune(10). More than 0.5 (54.3%) of the complicated seizures were recurrences that is under that found by Admiral Nelson (6) UN agency reportable that 3 quarters of complicated seizures occurred as 1st seizures and also the risk for a fancy seizure was roughly constant for the primary FS. We found that over 1/2 youngsters UN agency conferred with recurrences had their seizure among the primary year of life. This finding is supported by Berg (62) UN agency found age of onset is one amongst the necessary risks for recurrences. Nelson (6) in his cohort has found constant share. We tend to found conjointly that just about all youngsters with perennial seizure had their 1st attack before a pair of years aged. Our share is way above Flury(84) has found in his study, 62 of youngsters whom he studied had their 1st FS once below two years aged. A lower mean age of onset for a FS was found in our study cluster sixteen.1 month when put next to the means that reportable by Nelson(6) (23.25 months) Parmar(86) (27.7 months), Van Esch(75) (20.4 months) and Flury(84) (21.9 months). In our study mistreatment statistical method of risk factors for a primary FS and matched case management statistics we tend to found that parental perception of slow development was related to the very best risk for developing a FS (OR: 7.59, RR 3.94). This can be followed by a positive case history of FS in a very second degree relative (OR: 7.20, RR 3.33), then a positive case history of FS in a very degree relative (OR 4.04, RR 2.65). Our findings weren't the same as those found in Bethune's study (10) assessing risk factors for a primary FS. Bethune's found that the best risk was related to a positive case history in a very first-degree relative (OR : 5.08), followed by infant discharge when twenty eight days (OR : 4.8), then parental perception of slow development (OR : 4.33), then FS in a very second degree relative (OR : 3.86) and last day care group action (OR : 3.13). None of our youngsters were attending on a daily basis care group action nor were discharged from the nursery when twenty 8 days, therefore these 2 risk factors couldn't be assessed. A positive case history in a very second-degree relative and parental perception of slow development appeared to be necessary risk factors for agitating FS in Sudanese youngsters. Berg (11) found height of temperature and history of FS in 1st or second degree relatives to be necessary risk factors. Huang (59) found FS within the siblings and variety of symptom episodes to be necessary predictors. One of our findings, that need to be mentioned, is that 47.9% of youngsters with perennial FS had that 1st seizure before one year aged. this can be in agreement thereto discovered by Nelson(6) that 1/2 youngsters UN agency have their 1st FS throughout the primary year of life would have a return and Berg(62) in her meta-analytic review found the strongest predictor of perennial FS is early age of onset. Fever associated seizures was famous to most (97%) of fogeys interviewed. Our folks data of FS is way higher than Flury(84) (66%) and Parmar(86) (77.9%) findings in their studies. Misconceptions concerning the causes of convulsion weren't therefore current between our study clusters. 86.2% of the oldsters connected the reason behind convulsion on to fever and solely 6.9% directed the cause to looking and another 6.9% to black magic UN agency attributed the cause to fever. 90.5% of the oldsters couldn't differentiate straightforward FS from cerebral protozoal infection (fever, convulsions and loss of consciousness) as they mentioned once protozoa infection ascends to the pinnacle it will cause FS as the other infection. We tend to conjointly found that 10.3% of the oldsters couldn't differentiate between FS and cephalitis and infectious disease. 25.8% of the oldsters believed that maturation causes fever and therefore seizures and once the child erupts all his teeth he wouldn't be prone to any convulsing episode related to fever. This may be explained by the height age for FS coincides to the age of maturation and youngster's area unit sometimes vulnerable to infection throughout this age amount. 33.6% of our folks thought-about FS a sort of brain disease. Only 52.6% mentioned its age dependent and 48.3% believed that the kid will surely have another seizure. Our finding was the same as those of Huang study(83) among Taiwan folks as he found. 38.4% of fogeys basic cognitive process it a sort of brain disease,

71.4% of foegys for age dependent and 69.4% for definitely of getting another seizure. Risks throughout a seizure, as aspiration of physiological reaction was famous by solely 26.7%. We tend to were lucky to own solely twelve-tone system of our folks considering AN attack of FS a reason to delay the immunization schedule. Our results area unit far more higher than Huang(83) UN agency found in his study among Taiwan population that seventy.7% of the oldsters would interrupt the immunization schedule because of FS. This finding reflects the success the immunization program has achieved to illuminate the importance of vaccination. We discovered in our study the terribly weak role that health institutes, medical personnel and media play to produce health education. The supply of knowledge that was gathered from the oldsters were chiefly from neighbors and relatives (77.6%). These results were distant from Van Suijvenberg(79) study, among Netherlanders, in whom the most supply of knowledge were from health institutes and medical personnel. Others were the supply in exactly twenty sixth. FS was thought-about a serious critical event in most of our interviewed parents; solely 22.4% mentioned it may pass quiet. Van Suijvenberg(79) study found that four hundred and forty yards of foegys mentioned FS may be a harmless condition.

VIII. Limitation of the Study

The limitation of the study was that a number of samples could not be analyzed due to the inadequate quality of the specimen. Overall this study resulted in giving an updated result of prevalence of febrile Seizure and the clinical finding in the Dhaka Shishu(Children) Hospital; it will help to estimate the disease burden of febrile diseases caused by Observation between two Units Clinical findings of Febrile Seizures. This will also help in characterization of the Seizure pathogens and thus lead to planning for vaccine intervention. The designing and proper choice of vaccine for the people particularly for Dhaka Shishu (Children) Hospital and other Febrile Seizures endemic to minimize the prevalence of disease.

IX. Conclusion

There was a small male preponderance, male to feminine magnitude relation of 1.5:1 and a lower mean age of onset and prevalence for FS among Sudanese youngsters. The magnitude relation between youngsters presenting easy advanced and sophisticated complicated seizures were as international studies however not like international studies 2 thirds of complex seizures were recurrences. Family history of FS in a very second degree relative and parental perception of slow development was found to be the foremost necessary predictors for a primary FS in Sudanese youngsters. Low age at onset for FS has appeared a crucial predictor for a repeated FS. Although fever associated seizures were noted to most of oldsters, poor data concerning the character of FS was current. Health education is lacking between our communities as easy risks of associate degree acute attack of seizure and aid to be applied throughout the seizure weren't noted. Health institutes and employees play an awfully weak role in providing health education to the community and most of the data were obtained from neighbors and relatives. Negative attitudes and high issues concerning FS were current and though concerning one quarter of the foegys mentioned ancient treatment. FS was related to an excellent deal of tension within the oldsters that was found to be relieved by data concerning FS however not by the other issue like: repeat, case history of FS or academic level of the parent. We tend to found no association between earned data concerning FS and repeat, academic level of the parent or case history of FS.

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