## Symptoms and Labs

### Infantile Spasms (IS)
- New Onset Generalized Seizures
- New Onset Focal Seizures
- Possible seizure in an infant

**SPASMS EXAM:** typically present at 3-7 months with repetitive flexion spasms/arm extensions, may occur in clusters upon awakening

### Suggested Previsit Workup
- Neurology will coordinate:
  - Spasms: Often need inpatient admission for work up (MRI, EEG, LP, metabolic screen, genetic testing) and initiation of therapy
  - All: Awake/asleep EEG at MMP Neurology +/- MRI brain without contrast (we use EEG findings to decide if MRI is needed)

*CT only indicated for acute brain injury or elevated ICP

### Suggested Consultation or Co-management

### Clinical Pearls
- Psychogenic non-epileptic seizures (PNES) can be characterized by side to side shaking, bilateral asynchronous movements, crying, moaning, stuttering, back arching, pelvic thrusting eye flutter or eye closure, preserved awareness despite generalized motor involvement, waxing and waning pattern with fluctuating responsiveness.
- Lab test for new onset seizures should be individualized to historical and clinical findings such as vomiting, diarrhea, dehydration, or altered mental status. Toxicology should be considered if there is suspicion for ingestion.
- Lumbar puncture in the acute phase is of limited value and should only be done if meningitis or encephalitis is suspected.
- Electroencephalograms in children and adolescents often have atypical sharp transient waveforms and slowing which can be misinterpreted as abnormal by an EEG reader who is accustomed to reading primarily adult EEGs. If possible EEGs should be performed at MMP - Neurology.