A Detailed Discussion on the Problem of Febrile Seizures

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Introduction

A febrile convulsion is a seizure associated with a high body temperature without having any severe effects on other parts of the body. It is the most common attack in children between the ages of three months and six years. These seizures are usually very short, lasting less than five minutes, and the child is entirely back to his original position within sixty minutes. These febrile convulsions may run in families.

Studies reveal that these health problems do not affect the child's brain and metabolism issues. The seizures are of two types: simple and complex febrile seizures. The simple febrile appears in healthy children with a time of around twenty-four hours. Complex seizures might have severe effects on the brain. Complicating features of the recent seizure involve more than fifteen minutes. The neurologist is mostly approached in complex seizures for immediate evaluation. The genetic disorder is the factor behind febrile seizures. However, no such pattern of inheritance or particular locus has been described. Inheritance mode may likely vary among families and might be multifactor.

Discussion

Febrile seizures are the most common disorders in childhood. In the early twentieth century, people often debated that those children should be treated with anti-convulsing therapy, which might help them in a speedy recovery. According to Epidemiologic, research finds that there are three kinds of febrile seizures, including simple, complex, and symptomatic seizures (Annegers, 1987). Before and after the seizure, most of the children are healthy neurologically and developmentally. It is necessary to check that a child does not have signs of a stiff neck and persistent change in mental status. For that matter, it is advised by the experts that febrile seizures should be described to help parents regarding the kinds of particular febrile seizures. There must be a focus on the duration and history of the fever, along with the potential exposures to the illness. The causes of the disease should be elucidated, such as gastroenteritis and viral infections. New antibiotics are also essential to reveal the results of already-treated meningitis. Most experts sought things like developmental delay, history of the seizure, exciting problems, and other causes such as ingestion and trauma to deal with the problem of febrile seizure. A family with a history of forfeiture can affect the health of the child, and it

can transfer the same seizure to the children. Similarly, those children who have compound seizures might have a higher risk of epilepsy than those kids who are free from febrile seizures.

The relation of febrile seizure with academic and intellectual performance was thoroughly explained in sibling control studies. Around four hundred and thirty-one pairs of siblings were examined at the age of seven years. Full-scale IQ on the intelligence scales of Wechsler was not different for those children who were engulfed by the seizures as compared to those children who were free from the seizure (Berg, 1997). Those seizures that last for thirty minutes or are recurrent were engaged with a deficit of IQ. As affected by the comparison of the children and their siblings, the febrile seizure was not associated with a decrement in IQ or early performance in academics. However, poor academic performance was equally common in control patients and index cases.

Parents must note specific points when dealing with a sick child or healthy infant. Do not try to control the child's convulsion; instead of this make, ensure that it is in a safe place where he/she cannot hit the furniture or move the toys as well. During the seizure, never try to put into the mouth of the child anything, like a hand or medicine. Old wives observed that a child might bite his tongue, but it will not swallow it. Lay down the child on his/her particular side so that vomiting can come out of his mouth. Concerned people have advised that immediate medical attention is always required for children in this regard, as well as contact with a possible helpline or hospital (Shinnar, 2002). If the child is not breathing or the seizure lasts more than five minutes, do not hesitate to approach all the possible medical staff. Mostly, the seizure is resolved by itself; however, it is common that for long seizures, medical administrators may provide anti-seizure medication. The most important thing for the parents to be present before the child is to keep their eye on the clock during the time of seizure so that they might be able to tell the clinical staff the exact duration of the seizure. Children in this condition often lose their consciousness, but their eyes remain open. Mostly, it also happens that with the closure of the eyes and with a deep breath, the seizure ends (Offringa, 1994). Noting this point is an essential factor for people standing near the child. It is also necessary that the child receive immediate medical attention, like from a children specialist or emergency staff, to know the real cause of the sickness. In many cases, fever might occur as a side effect after using vaccines. Those are MMR, measles mumps, and rubella vaccination. Bacterial infections like those that appear in routine infections of the ear usually affect child health.

However, the parents are confident with the fever for the comfort of the child, and by the prescription of the doctor, the clinicians discourage overly antagonistic medication for the prevention of the seizure (Scheffer, 1997). Most cases reveal that medicines with anti-seizure treatment are not specified, which is necessary for the child's recovery. Studies show that research on these issues does not support such kind of preventive measures. It will not decrease the risk attached to a febrile seizure. In a case where a child is facing more than one seizure, it is not a problem for parents to be fearful; instead, it is a typical kind that has no drawbacks to the long-term health of the child. Studies concluded that a boy was having seizures at the age of sixteen months, but it was eradicated at the age of four years. He used medications according to the recommendations of the doctors concerned with his illness. The seizure of the boy lasted for a minute, but it felt like that of a lifetime. A specialist

of febrile seizures, Sittner, says that she feels comforted knowing that those children having the seizures are developmentally healthy with a lesser risk of enhancing the seizure in their later life.

Conclusion

Concluding the detailed discussion on the problem of febrile seizures, it is worth mentioning that family anxiety and deficiency are the causes that develop seizures in their children. Even families with higher status have the same problem. Education regarding child seizure is necessary at the time of the child's presentation to allow the resumption of normal family functions, especially for those parents who have recently witnessed the seizure. Written information and regular visits should be made after the revelation of the seizure to revisit all related facts and necessary aid. During the follow-up visits, it can be recognized that particular anxiety is a normal function, and inquiries regarding the functioning of current families can be made. Febrile seizures are frequent among children, and discussion at well-baby visits can help in decreasing the sickness and the disorders of the children.

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