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<th><strong>Title</strong></th>
<th>Outcome of children with first febrile seizure - a local cohort study of 565 cases</th>
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<td><strong>Author(s)</strong></td>
<td>Chung, B; Wat, L; Wong, VCN</td>
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B. Chung, V. C. N. Wong
Department of Paediatrics & Adolescent Medicine,
The University of Hong Kong, Hong Kong

Background
A Hong Kong Childhood Stroke Registry (HKCSR) was established for Chinese children.

Objective
To study the clinical presentation, etiology, risk factors and outcome of Chinese children with stroke.

Materials and Methods
A prospective childhood stroke database was collected during 1991-2001 for children with stroke seen in the University of Hong Kong. Neonatal strokes were excluded.

Results
Fifty children (boys: girls = 28: 22) with mean age of 5.4 years were included. The commonest presenting features were seizures and hemiplegia. There were 36 ischemic and 14 haemorrhagic strokes. For ischemic stroke (36), 18 were due to thrombosis - 11 were vascular origin [moya-moya disease (3), neurofibromatosis (2), fibromuscular dysplasia (1) and post-infectious vasculitis (7)]; 5 were haematological [leukaemia (3); thalassaemia (2)]; and 1 each with severe dehydration and Mitochondrial Encephalopathy Lactic Acidosis Syndrome. Of 15 cases with embolic stroke, all had underlying congenital heart diseases. For 14 cases with haemorrhagic stroke, 2 had arteriovenous malformation, 7 had bleeding tendency [leukaemia (2), aplastic anaemia (2), hemophilia (2) and Wiskott Aldrich Syndrome (1)] and 2 had >1 risk factors [leukaemia and sepsis; congenital heart disease with streptokinase infusion after cardiac catheterization]. Six (12%) were idiopathic. None had sinovenous thrombosis.

Outcome
The mean follow-up was 6.6 years (1.8-12.4 years). Nine (18%) died, with 5 having ischemic stroke and 4 with hemorrhagic stroke. 44% had neurological deficit, including mental retardation (11), epilepsy (9) and hemiplegia (14). Five had recurrent stroke. Decreased consciousness (p=0.004), hematological cause (p=0.04) and hemorrhagic transformation of ischemic stroke (p=0.01) were associated with high mortality. Of the 41 survived, the only significant risk factor for long-term neurological deficit was seizure at initial presentation (p=0.04).

Conclusion
The incidence of childhood stroke from our series is 1.7 per 100,000 children per year. The majority had thrombo-embolic stroke. The majority who survived had neurological sequelae.

Reference

Selective Dorsal Rhizotomy in Children with Spastic Cerebral Palsy

S. C. Kwok, K. Y. Yam, T. S. Fong
Department of Neurosurgery, Tuen Mun Hospital, Hong Kong

Background
Spasticity in children with cerebral palsy has many adverse effects on patient’s normal daily function. Selective dorsal rhizotomy (SDR) is one of the many effective surgical options in managing spasticity. SDR has been performed in Tuen Mun Hospital since 1996. Modifications on patient selection and surgical technique continue to be revised every year. We present our latest 2-year experience in managing spastic cerebral palsy children with SDR.

Method
11 patients have undergone SDR between the period of August 2001 to August 2003. The extend of dorsal root to be excised was affected by pre-operative motor assessment, intra-operative motor and EMG assessment. Range of passive moment, Modified Ashworth Score, Gross Motor Function Measure and Gait pattern were recorded before and after operation. Period of follow-up included 3 and 12 months. Data during the follow up period were then compared.