SEIZURE RECURRENCE AFTER A 1ST UNPROVOKED SEIZURE: AN EXTENDED FOLLOW-UP

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We followed 208 patients identified on the day of their 1st unprovoked seizure for a mean duration of 4 years. Seizures recurred in 64. Recurrence risks were estimated to be 14%, 29%, and 34% at 1, 3, and 5 years following the 1st episode. A history of previous neurologic insult (remote symptomatic) was associated with a 2.5-fold increased risk of recurrence. Among idiopathic cases, a sibling with epilepsy, a generalized spike and wave EEG, or a history of acute symptomatic seizure increased risk for recurrence. Among remote symptomatic cases, status epilepticus, a prior acute symptomatic seizure, or Todd's paresis increased risk. Depending upon clinical features, recurrence risk at 5 years following a 1st seizure ranged from 23% to 80%. Treatment with anticonvulsant medication was not associated with a decrease in recurrence risks.

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Comment from Gregory D. Cascino, MD, FAAN, Associate Editor: A pivotal study that demonstrated risk of seizure recurrence in patients with a single, unprovoked seizure. The significant predictive factors, e.g., presence of remote symptomatic neurological disease, were identified. The investigators also showed that long-term antiepileptic drug therapy did not affect seizure recurrence.

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