## **Epileptic encephalopathy of genetic origin** clinical-electro-radiological correlations in a Tunisian pediatric population C. Karray, Z.Miladi, T. Ben Younes, H.Klaa, A.Zioudi, I.Kraoua, H.Benrhouma, I.Turki

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### **INTRODUCTION**

- Developmental epileptic • and encephalopathy (DEE) (1) constitute an heterogeneous group of age-related epileptic syndromes, of 📲 severe predominantly **genetic** origin.
- The development of **next generation**sequencing (NGS) (2) techniques has shortened the diagnostic pathway.

## **OBJECTIVES**

Our aim was to study the clinical, electrophysiological and radiological features of DEEs in a Tunisian pediatric population.

## **MATERIALS AND METHODS**

- **Type of study :** A retrospective and descriptive study
- **Place:** Pediatric Neurology in National Institute Mongi Ben Hmida of Neurology, Tunisia.
- Period: Between 2005 and 2023
- **Target population:** Patients with DEE in whom genetic etiology was confirmed by the Whole Exome Sequencing.

## **DEMOGRAPHIC DATA :**

- Twenty-four cases were included
- Sex-ratio: 2  $\bullet$
- Number of families : 24

## **CLINICAL DATA:**

- Psychomotor development was normal : 1 case
- Mean age of onset of seizures: 12.32 months [40] days, 8 years]
- Neonatal onset: 7 cases.
- **Seizures type:** focal motor in the majority of cases (n=10).
- **Epileptic syndromes**:
  - Dravet syndrome(n=6)
  - Epilepsy of infancy with migrating focal seizures (n=4)
  - West syndrome (n=1)
  - Progressive myoclonic epilepsy (n=1)
- Examination results are summarized in Figure 1.



Figure 1: Clinical feautres in our patients

**ELECTROPHYSIOLOGICAL DATA** (Figure 2) **RADIOLOGICAL DATA** (Figure 3)

# RESULTS 4 can Figure 2: Electophysiological assessments in patients with DEE Cerebral atroph Atrophy of corpus callosum Mesial sclerosis Figure 3: MRI assessments in patients with DEE

Gene identified( figure 4)

- Movements disorders
- Intellectual impairment with autistic features
- Dysmorphic features
- Strabismus
- Skeletal abnormality
- Ataxia
- Microcephaly
- Hearing loss



Figure 4: Genes identified in patients with DEE

- Lamotrigine was exacerbating all cases of DEE linked to the SCN1A gene.
- Valproic acid was used in all cases, with marked improvement in patients followed up for DEE linked to the CTCF gene.

and

Advances in genetics have made it possible to develop specific therapies, predict genetic establish prognosis and counseling. REFERENCES LZuberi SM. Wirrell E. Yozawitz E. Wilmshurst JM. Specchio N. Riney K. et al. ILAE classification and definition o polepsy syndromes with onset in neonates and infants: Position statement by the II AF Task Force on Nosology Definitions, Epilepsia, juin 2022:63(6):1349-97

## DISCUSSION

Dravet Syndrome (1) is the most common encephalopathy epileptic in our population as described in the literature. Epilepsy genes often present phenotypic pleiotropy, where a specific mutated gene present various phenotypic characteristics. This is exemplified in our patients with SCN1A mutation.

Genetic heterogeneity (1) is also commonly observed in electroclinical syndromes, when different genes can produce one phenotype.

It has been noted in patients with Dravet syndrome due to SCN1A (2) and PCDH 19 mutations(1) . CONCLUSIONS

Interpretation of genetic findings in clinical context can often be complex. It should be robust, considered in the context of the electro-clinical presentation.

Our study highlights heterogeneity of DEE the importance genetic O† screening(2).

INTERNATIONAL CHILD' 2.Rastin C, Schenkel LC, Sadikovic B. Complexity in Genetic Epilepsie sept 2023;24(19):14606 3. Haviland I, Daniels CI, Greene CA, Drew J, Love-Nichols JA, Swanson L