Case Study: Tiffany, age 12

Tiffany presented with a seizure for the first time at age six. The seizure occurred shortly after waking. As her mother describes it, “She was kind of grinding her teeth, wringing her hands over and over and she wouldn’t respond to my questions. Her pupils were very big. I was able to lead her by the hand, but she was not able to speak at all.”

Tiffany’s mother called her pediatrician and informed him of these symptoms. The pediatrician recommended she be taken to the emergency room for evaluation. Tiffany remained in the hospital overnight for observation and was released the next day.

Tiffany was referred to a pediatric neurologist for further testing. After gathering her history and giving her an EEG he diagnosed her with a possible seizure disorder. He suggested to Tiffany’s mother that if another seizure occurred, Tiffany should probably start medication.

Tiffany’s next seizure occurred approximately two weeks later, again shortly after waking. It was at this time that medication was initiated. Tiffany was placed on Tegretol. She continued to have occasional seizures over the next few months, always shortly after waking. Adjustments in her medication dosage were made based on seizure occurrences and blood level readings. During this time Tiffany underwent a sleep deprived EEG which showed a clear focus for her seizure activity.

Tiffany’s mother notified the school nurse at her daughter’s elementary school immediately after the seizure disorder diagnosis was confirmed. During her conversation with the nurse she expressed two primary concerns about her daughter. These included the following:

1. What would happen if Tiffany had a seizure in school and her behavior was misidentified? This could put her at a real risk for injury.
2. What would be the emotional impact on Tiffany when other students found out about her epilepsy? Would she be teased, ridiculed and ostracized?

Through discussions with the school nurse, neurologist and other parents of children with epilepsy, Tiffany’s mother was advised to take the following action:

- Provide some basic epilepsy education for Tiffany’s classmates.

Over the next four years Tiffany remained nearly seizure free, with seizures occurring about twice a year, exclusively upon waking. She was a straight “A” student and had no negative educational impact as a result of her seizure disorder or medication. She played soccer, field hockey and swam competitively. She loved dance classes and became a budding artist. She was well-adjusted and willing to respond confidently to anyone who asked about the bracelet she wore.

At age eleven, as Tiffany entered puberty, she began having breakthrough seizures not associated with waking. She also had her first seizure in school. In addition, she began having a different type of seizure several times a week. These new seizures manifested as twitching in the right corner of her mouth and a slight jerking of her right arm. They lasted about 40 seconds and Tiffany never lost consciousness. Keppra was added to her medication regimen.

Over the next six months Tiffany experienced significant challenges. Her grades fell sharply. She had to give up swimming. She began having difficulty concentrating in class and experienced bouts of anxiety and panic.

One day Tiffany came home crying and screaming because she caught one of the boys at school making fun of her behind her back and pretending to have a seizure. After several bouts of uncontrollable crying, discussions about not wanting to live any more, and refusals to go to school, Tiffany agreed to see a counselor.

Today, Tiffany seems to be adjusting well to life with seizures. She continues to play field hockey, and has taken the initiative to have seizure education classes taught in her middle school. Although she still struggles with school, she has acquired a tutor and sought accommodations including extra time when taking tests. Tiffany recently had an evaluation to see if she is a good candidate for surgery or a Vagus Nerve Stimulator implant.

Tiffany continues to face her condition with courage and a positive attitude. She has taught her friends and teachers what to do when she has a seizure. According to Tiffany, “Seizures are just a bump in the road on the way to the rest of my life.”