

In Pediatrics

An 11 year old boy was assessed for being inattentive at school . His teachers repeatedly found him day dreaming during the class hours.

He was scolded, punished and finally the parents were counseled to encourage their son to be more sincere with his studies.

The differential diagnosis for scholastic regression is very broad ...

It ranges from simple conditions like hearing deficit, visual impairment, sleep deprivation, adenoid hypertrophy induced sleep impairment, Internet addiction to sinister conditions like chronic liver disease, neuro degenerative diseases like Wilson disease, raised intra cranial pressure, auto immune encephalitis and seizure disorder.

In our patient....a thorough history taking from his teachers and fellow students revealed that he was found to be blinking or staring vacantly for a short period and then resume his activities multiple times during class hours.

A physical examination was noncontributory.

No history or physical findings suggested a sinister cause like the ones described above.

A provisional diagnosis of absence seizures was made....EEG confirmed the suspicion with the typical 3 spikes and waves morphology induced by hyperventilation. He was initiated on antiepilepsy medication and the school authorities were duly notified of the true nature of the boy's behavior.

On follow up...the frequency of the 'absence attacks 'has markedly reduced and we had a happy boy and a relieved family.

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