
Reintroduction of the Term “Unheralded” Status Epilepticus

Dear Editors,

The article “Evolving Epidemiology of Drug-Induced Seizures Reported to a Poison Control System” (Volume 3, Issue 1)[1] and a local chairman’s rounds remind us of terminology Wasserman GS, introduced into the medical toxicology literature in 1976[2] and used again in 1977[3] and 1993[4]. “Unheralded” Status Epilepticus is a unique descriptive term used when status epilepticus (SE), or prolonged seizure activity, is the first occurrence of seizures in a previously healthy patient [5]. “Unheralded” SE appears to be more common in young children, and intoxication is a major etiology.

In the original research by Wasserman, the Children’s Mercy Hospital had over 60,000 emergency department visits and of 12 cases of SE in 1975; 7/12 (58%) of those were “unheralded” SE. Of the 7 unheralded SE cases, 3 cases (43%) were poisonings [3]. Soon thereafter, 2 more cases of unheralded SE secondary to intoxication were diagnosed [6]. Other common etiologies for unheralded SE were usually evident and diagnosed or ruled out by history, physical examination and routine labs, i.e. acute trauma, infections, encephalopathies, and metabolic disorders.

A review of Ovid Medline English literature citations since 1950 did not find any other reference to “unheralded” status epilepticus. We believe it is terminology that medical toxicologists and emergency physicians should reintroduce into their daily practice and should teach!

A Practice Parameter endorsed by the American College of Emergency Physicians, American Academy of Pediatrics and the American Epilepsy Society in October 2006 addressed the issue of SE and toxicology testing. Eleven Class III studies of 1,221 pediatric SE episodes documented intoxication in 3.6% (range 1.5–5.3%, median 3.8%) of cases. Specific toxins were theophylline, lindane, carbamazepine or chemotherapy. The “recommendation” is that “toxicology testing may be considered in children with SE, when no apparent etiology is immediately identified as the frequency of ingestion as a diagnosis was at least 3.6% [7].”

Thundiyil et al [1] reports 3.6% (14 cases) to be SE. We wonder how many of the total “unheralded” SE cases were secondary to poisonings. Our previous research and experience reveal that intoxication is the #1 etiology of “unheralded” SE in children,

and greatly shifts the differential diagnosis and therefore work-up in that direction.

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