

CLINICIAN'S CORNER

Drop Seizures (Astatic Seizures)

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Drop seizures are like “bad guys” who travel under several aliases. The more proper name is an astatic seizure but they have been called akinetic, atonic and mistakenly by some, “petit mal” seizures since there is little, if any, body jerking. Astatic seizures are brief, lasting one to two seconds, and consist of a variable loss of body tone ranging from a mild head drop to a sudden fall. They fit in the category of generalized seizures since there is virtually no warning.

Astatic seizures occur most often in children with Lennox-Gastaut syndrome but also occur in adults following injury or in association with other types of seizures. Many of the children with astatic seizures wear helmets since the sudden unexpected falls result in facial lacerations, missing teeth, black eyes and many “goose eggs” on the face and forehead.

Unfortunately, astatic seizures are resistant to treatment presenting a major challenge to the practicing neurologist. Antiepileptic drugs used to treat drop seizures include valproate, lamotrigine, clonazepam, ethosuximide, topiramate, levetiracetam, zonisamide, acetazolamide, felbamate, and vigabatrin. Corticosteroids including short courses of ACTH have been used in Lennox-Gastaut syndrome. The ketogenic diet has been used with questionable effectiveness. Surgical treatment has been predominantly corpus callosotomy and has been helpful in the most resistant cases.

Individuals with astatic seizures often have additional types of seizures. The intractability of their epilepsy coupled with associated cognitive dysfunction makes life a challenge for the individual, their family, and educators, not to mention their physicians.