

Neonatal Hypoxic Ischemic Encephalopathy: Seizures

High seizure burden and abnormal aEEG patterns, not seizures alone, are linked to poor outcomes in newborns with hypoxic-ischemic encephalopathy

SANTA BARBARA, CA, UNITED STATES, October 7, 2024 /EINPresswire.com/ -- "In our cohort, the presence of seizures, per se, was not associated with abnormal outcome; however a high seizure burden as well as a persistent abnormal aEEG background pattern and MR lesions resulted as being significantly associated with poor prognosis," states Dr. Claudia Basti, Neonatologist, Italy.

[Dr. Greg Vigna, MD, JD](#), national birth injury attorney, Board Certified in Physical Medicine and Rehabilitation, states, "Moderate to severe hypoxic-ischemic encephalopathy is determined by a clinical assessment by the Modified Sarnat Grading system and based on a physical examination. The eligibility of hypothermia therapy is generally dependent on this clinical assessment and there are babies that one neonatologist might classify as mild encephalopathy, while another neonatologist might classify as moderate. Babies with moderate encephalopathy are cooled while babies with mild encephalopathy might not be cooled."



Dr. Greg Vigna

What did Dr. Claudia Basti report in "Seizure Burden and Neurodevelopmental Outcome in Newborns with Hypoxic-ischemic Encephalopathy Treated with Therapeutic Hypothermia: A Single Center Observational Study" in *Seizure: European Journal of Epilepsy* 83 (2020) 154-159?

"In our cohort of patients treated with therapeutic cooling, the presence of seizures, per se, was not associated with tissue injury on MRI and abnormal outcome at 18 and 24 months.

However, a high seizure burden, a persistent abnormal aEEG background pattern over 48 h, and a tissue injury on MRI resulted significantly associated with abnormal outcomes at 18 and 24 months. All patients with poor outcomes were exposed to high seizure burden and the need for more than one anti-epileptic drug resulted greater."



A high seizure burden, as well as a persistent abnormal aEEG background pattern and MR lesions, resulted as being significantly associated with poor prognosis.”

Greg Vigna, MD, JD

[Click here](#) to read Dr. Basti’s article.

Dr. Vigna concludes, “EEG is just another objective tool used to assist clinicians in understanding prognosis and assist physicians in the real-time decision making as to which babies are therapeutically cooled. Currently, MRI with DTI is helpful with early prognosis for babies who have had therapeutic cooling. We hope at some point MRI diffusion-weighted imaging will come online to assist with the real-time decision-making on the question of

therapeutic cooling.”

Click here to read Dr. Vigna’s book, ‘The Mother’s Guide to Birth Injury’:

<https://vignallawgroup.com/mothers-guide-to-birth-injuries/>

Dr. Vigna is a California and Washington DC lawyer who focuses on neurological injuries caused by medical negligence. [Ben Martin Law Group](#) is a national pharmaceutical injury and birth injury law firm in Dallas, Texas. The attorneys are product liability and medical malpractice attorneys, and they represent neurological injuries across the country.

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