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# Recent trend of SSPE in children: A reemergence and younger age of presentation: A study from Bangladesh. Poster Authors: Kanij Fatema, Shaheen Akhter



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#### Introduction

Subacute sclerosing panencephalitis (SSPE) is a rare but fatal disorder which occur as a delayed neurologic complication of measles

Patients usually present on average 5-10 years after clinical or subclinical infection of measles. The key clinical features are myoclonic jerk, neuroregression, encephalopathy etc.

Death usually occurs within 1–3 years once the disease is established In recent years, an upsurge of SSPE has been observed.

## Objective

This study was aimed to evaluate clinical findings, EEG profile and neuroimaging findings of patients of SSPE in a tertiary center

### Methodology

Study Design: Cross Sectional study Number of Patients: 40 patients

**BSMMU** 

Place: Department of Pediatric Neurology, Bangabandhu Sheikh Mujib Medical

University.

Study duration: July 2020 to July 2023

Inclusion criteria: patients were diagnosed on the basis of clinical features, EEG findings, Neuroimaging and confirmed by CSF anti-measles antibody.

#### Table 1: Baseline Characteristics of cases (n-40)

	<3 year	3-4 year	>4 year	Total
Age of onset	13 (32.5%)	6 ( 15%)	21 (52.5%)	40 (mean age 6.5 <u>+2</u> )
Male	9 (69%)	6 ( 100%)	15 (71. <del>4</del> %)	30 (75 )
Female	4 (31%)	0 (0%)	6 ( 28.4%)	10 ( 25)

## Table 2: Demographic status of cases (n-40)

	<3 year (13)	3-4 (6)	>4 (21)	Total (40)	
Urban	3(23.07%)	2 (33.33%)	6 (28.57%)	11 (27.5%)	
Rural	10 (76.92%)	4 (66.66%)	15 (71.42%)	29 (72.5%)	
H/O measles	5 (38.46%)	2 (33.33%)	4 ( 19.04%)	11 ( 27.5%)	
H/O	9 (69.23%)	6 (100%)	18 (85.71%)	33 ( 82.5%)	
vaccination Not vaccinated	4 (30.07%)	0 (0%)	3 (14.28%)	7 ( 17.5%)	P 0.03

# Table 3: Key clinical features (n-40)

	<3 year (13)	3-4 (6)	>4 (21)	Total (40)	
Myoclonic Generalized tonic- clonic Focal Status	9 (69.23) 2 (15.38) 1 (7.69) 1 (7.69)	6 (100) 0 (0) 0 (0) 0 (0)	19(90. <del>4</del> 7) 2 (9.50) 0 (0) 0 (0)	34 (85.00) 4 (10.00) 1(2.50) 1(2.50)	
Movement disorder	8 (61.53)	1 (16.66)	8 (38.09)	17 ( <del>4</del> 2.50)	0.03
Ataxia	8 (61.53)	2 (33.33)	8 (38.09)	18 (45.00)	
Motor regression	12 (92.30)	3 (50)	13 (61.90)	28 (70.00)	
Speech regression	4 (30.76)	1(16.66)	4 (19.04)	9 (22.50)	
Behavioural disorder	3 (23.07)	0(0)	5 (23.80)	8 (20.00)	
Visual impairment	I (7.69)	0(0)	3 (14.28)	4 (10.00)	

# Table 4: EEG findings of the studied case (n-40)

	<3 year (13)	3-4 (6)	>4 (21)	Total (40)
Background abnormalities Normal Generalized slowing Localized slowing	I (7.69) 9 (69.23) 3 (23.07)	0 (0) 5 (83.33) 1 (16.66)	I (4.76) I5 (71.4) 5 (23.80)	2 (5) 29 (72.50) 9 (22.50)
Periodic burst	8 (61.5)	2 (33.33)	15 (71.42)	25 (62.5)
Burst suppression pattern	3 (23.07)	3 (50)	2 (9.5)	8 (20)
Slow wave with spikes	I (7.69)	I (16.66)	2 (9.5)	4 (10)
Others	I (7.69)	0 (0)	2 (9.5)	3 (7.50)

#### Table 5: MRI of brain of the studied subjects (n-40)

	<3 year (13)	3-4 (6)	>4 (21)	Total (40)
Normal	4 (30.76)	I (16.66)	9 (42.85)	14 (35)
Abnormal	9 (69.23)	5 (83.33)	12 (57.14)	26 (65)
Cortical atrophy	5 (38.46)	3 (50)	11 (52.38)	19 (47.50)
Cerebellar atrophy	0 (0)	0 (0)	7 (33.33)	7 (17.50)
White matter hyperintensity	I (7.69)	I (16.66)	3 (14.28)	5 (12.50)
Basal ganglia hyperintensity	I (7.69)	I (16.66)	3 (14.28)	5 (12.50)
Others	I (7.69)	0 (16.66)	3 (14.28)	4 (10)

- 3.5 year old girl
- Presented with seizure and drop attacks.
- Hyperactivity
- Speech regression
- Serum and CSF antimeasles antibody positive.





- Neuroregression and myoclonus
  - Nonvaccinated |

3 year old boy

- H/O of measles at 7 month
- EEG : Periodic long interval burst
- MRI of brain: nonspecific
- Bedridden at 4.5 year.



speech regression H/O measles infection at 6 month

2.5 year old girl

Presented with recurrent seizure

mainly myoclonic, ataxia and

- Not vaccinated
- CSF antimeales antibody positive
- She is now in stage 3 of disease







#### Conclusion

About 32.5% cases of this study belonged to less than 3 year Younger children were unvaccinated significantly Movement disorder was present significantly more in younger age group Vaccination coverage should be optimized.

