**IAP - IJPP CME 2025**

# SEIZURE MIMICS

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**Abstract:** *Paroxysmal events in children are common and often mistaken for epileptic seizures, yet 20-40% of referrals to epilepsy clinics prove to be non-epileptic. These seizure mimics, or paroxysmal non-epileptic events, occur across all pediatric age groups and encompass physiologic neonatal movements, movement disorders, syncope, autonomic events, behavioral phenomena, sleep disorders, oculomotor abnormalities and metabolic disorders. Accurate recognition depends on detailed history, age specific patterns and observation of event semiology; often supplemented by care giver recorded videos. While many mimics are benign and self-limited, others such as glucose transporter type 1 deficiency or opsoclonus-myoclonus syndrome require prompt evaluation and targeted therapy. Awareness reduces misdiagnosis, unnecessary investigations, treatment and parental anxiety.*

**Keywords:** *Paroxysmal non-epileptic events, Seizure mimics, Pediatric paroxysmal disorders.*

## Points to Remember

- ***Up to 40% of children referred for suspected seizures actually have nonepileptic paroxysmal events.***
- ***Mimics vary by age group, ranging from neonatal jitteriness and benign sleep myoclonus to adolescent syncope and psychogenic nonepileptic seizures.***
- ***Careful clinical history, recognition of age specific patterns and care giver recorded videos are more valuable than routine investigations.***
- ***Many mimics are benign and self limited, requiring reassurance, while others (e.g., GLUT1 deficiency, opsoclonus-myoclonus syndrome) demand prompt targeted therapy.***

## References

1. Epilepsy imitators. Diagnostic manual. International League against epilepsy. From: http://www.epilepsydiagnosis.org/epilepsy-imitators.html. Accessed on Mar13th, 2026.
2. Stainman RS, Kossoff EH. Seizure mimics in children: An age-based approach. Curr Probl Pediatr Adolesc Health Care. 2020 Dec; 50(12):100894. doi: 10.1016/j.cppeds.2020.100894.
3. Zhan FX, Wang SG, Cao L. Advances in hyperekplexia and other startle syndromes. Neurol Sci. 2021; 42(10):4095-4107.
4. Pisanò G, Gnazzo M, Sigona G, Cesaroni CA, Pantani A, Cavalli A, et al. Paroxysmal Dyskinesias in Pediatric Age: A Systematic Review. J Clin Med. 2025; 14(17):5925. doi: 10.3390/jcm14175925.

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