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Treatment of neonatal seizures: Levetiracetam vs. Phenobarbitone

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Statement of the Problem: Neonatal seizures include those critical events whose onset has occurred during the first 28 days of life and till date, phenobarbital and phenytoin remain the most common anticonvulsive drugs administered in this age group. When administered apart, these drugs result in resolution of <50% of neonatal seizures. When used in combination, the percentage of seizure resolution rises up to 60% of all treated cases. Neonatal seizures are often refractory to treatment with initial antiseizure medications. Consequently, clinicians turn to alternatives such as levetiracetam, despite the lack of published data regarding its safety, tolerability or efficacy in the neonatal population.

Aim & Methodology: The aim of this study is to evaluate the efficacy of Phenobarbitone and Levetiracetam (LEV) as first-line treatment of neonatal seizures admitted in Neonatal Intensive Care Unit (NICU). This study was conducted in patients of Neonatal Intensive Care Unit of Satyam Hospital, Raebareli. A total of 200 neonates with convulsions not associated with major syndromes, which required anticonvulsant therapy, were analyzed for the use of IV Leviteracetam or IV Phenobarbitone at standard doses.

Findings: All patients responded to treatment with a variety range of seizure resolution. The number of patients required a second anticonvulsant therapy. Regarding safety of LEV, no major side-effects were observed.

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