Fever and Seizures
AS AN ACADEMIC MEDICAL CENTER, MUSC offers benefits to the residents of South Carolina and beyond. The highly dedicated, professional team focuses on providing the most effective therapies available while also striving to develop new therapies within a highly active basic and clinical research program. These efforts are backed by facilities with the latest technology. This resource was developed to help patients understand more about their condition, treatment, or procedure. This handout is meant to be used as a guide to supplement your healthcare providers instructions. It is not intended to be used as a substitute for professional medical care. Only your physician can diagnose and treat a medical condition. Please consult your physician if you have any questions.

CONTACT INFORMATION:
Comprehensive Epilepsy Center
96 Jonathan Lucas Street
Suite 307 - MSC 606
Charleston SC, 29425
Telephone: 843.792.3223
Fax: 843.792.8626
Webpage: www.muschealth.com/epilepsy
What are Febrile Seizures?
This is a very important question, because some physicians get it wrong. “Febrile” is a term that means fever. Some physicians make the diagnosis of febrile seizure for any childhood seizure that occurs in the context of fever. However, there are two particular features that characterize true febrile seizures. First, the seizure must occur without any warning. Any indication of what is to follow (such as staring, distress, or jerking of the face or hand) suggests the possibility that the seizure has begun in one region of the brain and is spreading throughout the brain. This argues against the event being a febrile seizure. The second characteristic feature is that the seizure must be “generalized”. That means the entire body is symmetrically involved in stiffening or jerking. Seizures that begin in one part of the body and seizures that are generalized from the outset have two different mechanisms of action. (This is important for deciding which medication to use.) The important point is that true febrile seizures must occur without warning and should not follow a period of staring.

When Do They Occur?
Febrile seizures typically begin between 6 months and 2 years of age. They usually last only a few minutes, rarely over 10. Often one of the child’s parents had febrile seizures as a child. Febrile seizures typically have a good outcome, which means that most children with febrile seizures outgrow them by 6 years of age. For this reason many physicians elect not to treat febrile seizures, except to minimize the risk of fever which triggers them. This approach, with the reassurance that often comes with it, is misplaced if the seizure does not meet the basic criteria above. While true febrile seizures do not require as thorough an evaluation as do other seizures, it is important that any seizure that does not meet the above criteria be carefully evaluated.

Seizure with Fever vs. Febrile Seizures
The problem becomes more confusing because any type of seizure is more likely to occur during fever, not just febrile seizures. Fever—like illness, sleep deprivation, and alcohol—can lower the seizure threshold, making it easier for a seizure to occur. The good outcome that is associated with febrile seizures is not necessary guaranteed in other seizure types that occur with illness and fever. Make sure both you and your pediatrician understand the difference between these two types of seizure disorders.
Contact Information:
Comprehensive Epilepsy Center
96 Jonathan Lucas Street
Suite 307 - MSC 606
Charleston SC, 29425
Telephone: 843.792.3223
Fax: 843.792.8626
Webpage: www.muschealth.com/epilepsy