STANDARD OPERATING PROCEDURE

Absence Seizure (Petit Mal)

Diagnosis and Management

Special Region (1)

Union of Myanmar

Version: 1.0

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Approved by: Internal Medicine Unit

1. Purpose

To provide a standardized, rapid, and safe approach for the diagnosis and management of absence seizures, ensuring early recognition, correct differentiation, appropriate treatment, and prevention of academic impairment.

2. Definition

Absence seizure is a generalized non-motor seizure characterized by brief impairment of consciousness, sudden onset and termination, and no postictal confusion. Duration: 5–20 seconds.

3. Classification

Typical absence: sudden staring, brief.

Atypical absence: slower onset, tone changes.

4. Pathophysiology

Thalamocortical circuit dysfunction with 3 Hz spike-wave activity.

5. Clinical Features

- Sudden staring
- Unresponsiveness
- Multiple daily episodes
- Immediate recovery
- Eyelid fluttering, automatisms

6. Differential Diagnosis

Daydreaming, focal seizures, syncope, ADHD.

7. Diagnostic Approach

- Clinical diagnosis
- Hyperventilation test
- EEG if available

8. Management

First-line:

- Ethosuximide
- Valproate
- Lamotrigine

Avoid:

- Carbamazepine, Phenytoin, Gabapentin

Drug	Starting Dose	Maintenance Dose	Maximum Dose	Common Side Effects	Key Clinical Notes
Ethosuximide	10–15 mg/kg/day (once or divided BD)	~20 mg/kg/day	Up to 40 mg/kg/day (max ~1.5 g/day)	GI upset (nausea, vomiting), lethargy, dizziness, headache	**First-line for pure absence** Avoid in mixed seizure types
Valproate (Sodium Valproate)	10–15 mg/kg/day (BD)	20–40 mg/kg/day	Up to 60 mg/kg/day	Weight gain, tremor, hair loss, GI upset, thrombocytopenia, hepatotoxicity	Best if **absence** + **GTCS** Avoid in **pregnancy** / **females of childbearing age**
Lamotrigine	0.3 mg/kg/day (OD) *(slow titration required)*	5–10 mg/kg/day (BD)	Up to 200–400 mg/day (adult equivalent)	Rash (⚠ Stevens-Johnson syndrome), dizziness, diplopia, headache	Alternative if valproate contraindicated **Titrate slowly** to avoid rash

9. Monitoring

- Seizure frequency
- School performance
- Drug side effects

10. Prognosis

Good; many resolve in adolescence.

11. Discontinuation

After 2 years seizure-free; taper over 3–6 months.

12. References

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6. Glauser T, et al. Ethosuximide vs valproate vs lamotrigine for childhood absence epilepsy. *N Engl J Med.* 2010.