For a long time it has been known that seizures could be evoked in certain epileptic individuals by a discrete physiologic or psychologic stimulus. The term reflex epilepsy is reserved for this small subgroup. Forster(1) has classified these seizures in accordance with their evocative stimuli into five types: - (1) Visual-flickering light, visual patterns & specific colors especially red, leading to rapid blinking or eye closure; (2) Auditory-sudden unexpected noice (startle), specific sounds, musical themes & voices; (3) Somatosensory-either a brisk unexpected tap or sudden movement after sitting or lying still or a prolonged tactile or thermal stimulus to a certain part of the body (Hot Water Epilepsy); (4) Writing or reading words or numbers and (5) Eating.

Reading epilepsy is a rare benign, non progressive syndrome characterized by reading-provoked sensorimotor symptoms affecting the oral-buccal-lingual-facial muscles that are involved in reading aloud(2). This condition is accompanied by a positive family history of a similar disorder in as many as one fourth of cases our patient has no family history and was a sporadic case. These patients as described by Krishnan et al(4), presents as myoclonic, jerking or tonic movements of jaw. Some patients also report with abnormal sensations such as stiffness, numbness or tightness during the seizures. Usually disease starts at puberty, the average age of onset is 17 years with symptoms starting as young as 10 years.

The child was diagnosed as reading epilepsy and was put on sodium valproate 300 mg. twice a day. His seizure completely subsided and now he is doing well in his studies and he is no more afraid of reading.

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Reading Epilepsy
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of age(4). Cases have been described that overlap clinically with benign partial epilepsy of childhood (BPEC), with Juvenile myoclonic epilepsy (JME) and with absence epilepsy (5, 6, 7).

Our case was 9 year old male child who used to get abnormal movements of jaw, face and myoclonic jerking while reading English language. All investigations were normal but detailed history & EEG gave the final diagnosis and child was treated with sodium valproate and is doing well and free of seizures.

This rare case has been presented so that clinicians should be aware and take history properly to reach a final diagnosis and to treat this benign reflex epilepsy syndrome effectively.

References