CHOC Children's.

Identifying Epilepsy By Amy Bentley



Dr. Mary L. Zupanc CHOC Neurologist and Epilepsy Specialist

Dr. Zupanc serves as the chair of CHOC's neurology department and the division chief of neurology at CHOC and UCI. She also is the director of CHOC's Pediatric Comprehensive Epilepsy Program. An internationally recognized expert, Dr. Zupanc has been instrumental in developing comprehensive pediatric epilepsy programs at the Mayo Clinic, Columbia University and the New York University School of Medicine. She completed her pediatric residency at the University of Washington and UCLA and her pediatric neurology fellowship at the University of Wisconsin. Dr. Zupanc received additional training in advanced epilepsy at the University of Wisconsin, UCLA and Stanford University.

Dr. Zupanc's philosophy of care: "I'm passionate about my patients. I strive to give them the best possible care and provide the best possible options. My goals include providing excellent clinical care, educating the next generation of doctors and engaging in clinical research."

EDUCATION:

UCLA School of Medicine

BOARD CERTIFICATIONS:

Pediatrics
Neurology with Special Qualifications in
Child Neurology
Clinical Neurophysiology

Epilepsy

2.7-3 million

OF AMERICANS
AFFECTED BY EPILEPSY

WHAT IS EPILEPSY?

Epilepsy is a seizure disorder characterized by having two or more "unprovoked" seizures, says Dr. Mary L. Zupanc, CHOC neurologist and epilepsy specialist. Epilepsy typically begins in infancy or early childhood, and the sooner the condition is recognized, the more effective the long-term treatment. "The developing brain is much more susceptible to the consequences of recurring seizures because babies' brains are not fully developed. So the brain can be hard-wired for the seizures to continue. Medical or surgical intervention at an early age can stop the seizures and reverse the process," explains Dr. Zupanc.

DIAGNOSING EPILEPSY

It's important to diagnose epilepsy early, identify the specific epilepsy syndrome and get the child on medication or a treatment plan as soon as possible. The child's seizure history is as important as testing because patients will often have normal test results, says Dr. Zupanc. This does not exclude the possibility of epilepsy.



1 in 10

PEOPLE WILL SUFFER A SEIZURE IN THEIR LIFETIME

DIAGNOSTIC TESTS

Several tests can provide more information, according to Dr. Zupanc. They include an EEG (electroencephalogram), which records the brain's continuous electrical activity; long-term video EEG monitoring if epilepsy surgery is being considered; and an MRI, which uses large magnets and a special computer to take very clear pictures of the child's brain to help identify the cause of the epilepsy.

Says Dr. Zupanc, "All these things can be helpful. When we

take the child's history and family history, consider the development of the child, the physical exam and tests, we may be able to diagnose the specific epilepsy syndrome. This helps determine what type of therapy will work best and answer the question, 'Will my child outgrow this?'"



FROM SEIZURES AND RELATED CAUSES



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