MATERIAL AND METHODS
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Fifty patients of various types of cerebral palsy, attending the out patient department of pediatrics or admitted in pediatric ward, of Maharani Laxmi Bai Medical College, Jhansi, from September 1987 to August 1988, were included in this study. Most of the patients who were admitted, had some associated complications notably epilepsy.

METHODS

Detailed history pertaining to perinatal events was recorded from the mother of every patient. Regarding Antenatal history questions related to following events were asked—like consanguinity, infections, anemia, toxemia of pregnancy, hypertension, diabetes, malnutrition, any chronic systemic illness, cervical incompetence, polyhydramnios/oligohydramnios, multiple-pregnancy, smoking, irradiation, drug intake, elderly or teenage mother, socio-economic status, unwed-mothers, Bleeding P/V and premature rupture of membranes. The natal history comprised of—duration of labour, mode of delivery, birth trauma, respiratory distress, breech delivery, and precipitate delivery.
The postnatal history included history of Active resuscitation required, Apgar score, birth-weight, gestational-age, cyanosis, Listlessness, hypoxia, Convulsions, Jaundice, Septicaemia, hypoglycaemia, Blood-Group incompatibilities, congenital anomalies and hospitalisation any time during neonatal period.

History of neurological problems or any significant systemic illness during infancy and childhood, up to the age of 5 years, was then asked—viz., Meningitis, Encephalitis, cerebrovascular accidents or encephalopathy.

History of epilepsy was obtained in full detail from the mother of the patient paying particular emphasis to age of onset, frequency of seizures, duration of each episode, precipitating factors like fatigue, light, emotional-upset; type of seizure, pre and post convulsive events and family history of epilepsy. The nature and duration of any anti convulsant drug intake was also recorded.
Developmental history was recorded in all the spheres. Gross motor, fine motor, social and speech mile stones attained till date were recorded in every case. In all four developmental fields, Quotient was calculated by dividing the developmental age from chronological age and then multiplying this value by 100. Now by taking the mean of this quotient in all four developmental fields, the developmental-quotient was calculated (Prabakar and Kumar, 1983).

Every patient was examined in detail, paying particular emphasis to the extent of functional and anatomical neurological deficit; abnormality of gait or posture or movement. Any abnormality in the size and shape of the head was also looked for. The head circumference was measured at the level of external occipital protuberance posteriorly and supra orbital ridges anteriorly. The patient was also examined for any cerebellar sign and sensory deficit. Every patient was specifically asked for the associated handicap viz. seizures, visual defects, speech problems, hearing defects, communication and emotional defects, learning problems, mental retardation or any congenital abnormality.
Fundus examination and X-ray skull, both Anterior-posterior and lateral views, were performed in every case.

The electroencephalographic recording was done in every patient, using eight channel EEG recorder of Medicare, Chandigarh. Every patient was sedated beforehand, using syrup chloral hydrate in dose of 25-30mg/kg. Ten twenty system of electrode placement, accepted internationally, was used. Electrodes were fixed in position using Bentonite paste. Both monopolar and Bipolar montages were recorded in every case. Only routine recording was done in every patient as potentiation was not feasible due to obvious reasons. About half an hour long record was taken in every case. Every record was studied as per internationally accepted criteria given by Kiloh et al, 1982.

In the end, findings were tabulated and data were analysed statistically.