



Childhood Occipital Visual Epilepsy (Benign Occipital Epilepsy)

What Is Childhood Occipital Visual Epilepsy?

Kids with childhood occipital visual epilepsy have seizures characterized by visual symptoms (the child sees colorful lights) followed by rhythmic body jerks. After the seizure, most patients have a headache. Seizures start between 3 and 15-years-old (typically at 8- 9-years-old). Some children with childhood occipital visual epilepsy also have migraines.

What Happens During Childhood Occipital Visual Epilepsy Seizures?

The seizures in childhood occipital visual epilepsy are focal seizures. This means that they affect only one part of the brain.

The seizures usually last only a few minutes. During one, a child may have:

- Visual hallucinations (vision of bright lights or transitory blindness)
- Unresponsiveness
- Rhythmic body jerks

What Causes Childhood Occipital Visual Epilepsy?

Doctors don't know what causes childhood occipital visual epilepsy. It is probably genetic, and some kids may have a relative who has febrile seizures or epilepsy. No specific gene has been identified yet.

How Is Childhood Occipital Visual Epilepsy Diagnosed?

Doctors diagnose the condition based on the description of the seizures, their timing, the child's age and development, and results from an EEG test (to see brain waves/electrical activity in the brain). Kids who've had a seizure might need to see a pediatric neurologist (a doctor who treats brain, spine and nervous system problems). Other tests done can include:

- VEEG, or video electroencephalography (EEG with video recording)
- MRI scans to get very detailed images of the brain

How Is Childhood Occipital Visual Epilepsy Treated?

Those who have recurrent seizures generally need to take medicine to stop them. Many pediatric neurologists use antiseizure medicine. If a child hasn't had a seizure in more than two years, the neurologist will do an EEG to see when and if the child can stop taking the medicine. Most children (50-80%) outgrow childhood occipital visual epilepsy around the teen years.

How Can Parents Help?

If your child takes medicine, make sure you give it exactly as directed. You can also help your child avoid known seizure triggers such as lack of sleep.

No special care is needed during a typical seizure. But because it could lead to a bilateral tonic-clonic seizure, make sure that you and other adults and caregivers (family members, babysitters, teachers, coaches, etc.) know what to do if one happens. Your doctor may prescribe an emergency medicine to give if your child has a long seizure or many seizures in a short amount of time. Be sure to ask your doctor about a seizure rescue plan for your child.

What Else Should I Know?

If your child has epilepsy, reassure them that they're not alone. Your doctor and the care team can answer questions and offer support. They also might be able to recommend a local support group. Online organizations can help too, such as:

- [Epilepsy Foundation](#)
- [CDC – Managing Epilepsy](#)