INTRODUCTION
Epilepsy is a cerebral disturbance caused by the brain predisposition to generate abnormal electric activity. There are several forms of epilepsy that occur during childhood, benign rolandic epilepsy being the most common form of partial epilepsy in childhood, with a frequency of about 15% of all epilepsies. It usually begins between the ages of 5-9, with a slight predominance in boys, and ceases by puberty without sequels. The seizures usually last less than 2 minutes and, when partial, involves twitching, numbness, or tingling of the child’s face or tongue. Sometimes the child also may have tonic-clonic seizures, typically during sleep.

CLINICAL HISTORY
5 year old female child, previously healthy, who presented 2 episodes of sudden nocturnal stridor, with ocular retroversion and desaturation. She was sent to an ENT consult, where it was visible adenotonsillar hypertrophy. The PSG showed an AHI of 2.2.

11/02/15 - ADENOTONSILLECTOMY
After surgery, the episodes of stridor became daily. The nasofibrolaryngoscopy revealed collapse of the left arytenoid. The larynx MRI was normal.

11/02/15 – BILATERAL ARYEPIGLOTOPLASTY WITH CO2 LASER
The stridor episodes resolved, but 2 episodes of twitching of the right eyelid and labial commissure deviation at the beginning of sleep were noted. An EEG during sleep was performed, which revealed left centro-temporal epileptiform activity, suggesting benign rolandic epilepsy of childhood (BREC).

CONCLUSION
This case shows a rare manifestation – airway obstruction - of a benign form of epilepsy in children. Although surgery resolved the stridor, one may wonder if the underlying diagnosis was reached sooner, it could have been prevented. The EEG was key to diagnose and guide treatment of the underlying pathology.

REFERENCES