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Perspective

Childhood Epilepsy with Centro Temporal Spikes: Social Cognition

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DESCRIPTION

The ethology of the self-limiting epilepsy known as Childhood Epilepsy with Centro Temporal Spikes (CECTS) remains uncertain. It accounts for up to 16 present of all pediatric epilepsy cases and is the most prevalent focal epilepsy among pediatric epilepsy. Due to the prevalence of cognitive deficiencies and behavioral abnormalities that have a severe influence on academic and social skills the used to describe this epileptic condition, has been dropped. Seizures often begin between the ages of 6 and 13 and have a fair prognosis in their normal presentations, where they are typically drug responsive and disappear completely or partially by the age of 16. Clinically, there are occasional focal seizures typically at night, with hemi facial motor symptoms (clonic seizures), which may be preceded by a seizure accompanied by par aesthesia, sialorrhea, and dysarthria. There is no impairment to awareness. Children with epilepsy who have bilateral tonic clonic seizures and Centro temporal spikes. Social competence in children with epilepsy is still underappreciated, despite the fact that it is thought to be an important component of juvenile psychosocial illnesses. This is likely because pediatric epilepsy is complex. One of the elements linked to lower social competence scores in children with epilepsy may be a social cognition deficiency.

The term "social cognition" describes a broad spectrum of cognitive abilities that are stimulated by focused on oriented toward other people. By turning individuals into subjects, it turns their acts into subjects as well, allowing us to give people and their actions significance. This process establishes effectively perceive social cues and subsequently to interactions with other members of the same species. Particularly, these abilities enable us to comprehend ourselves as well as communicate with and comprehend others, acting appropriately in goal directed ways systemic process focused interpretations of intricate social phenomena are provided by effective social cognition. The processing of the most complex and specific social information in humans is made possible by cognition and the presence of developed and specific brain regions, even if other species also possess abilities relevant to this interpretation. It affects people act in social situations.

Human social cognition is made up of several areas including

- Emotional perception, which involves being able to infer emotions from speech inflections, prosody, and facial expressions.
- Understanding of stated social rules and conventions, as well as the capacity to extrapolate information about apparent behavior from a particular social situation, is referred to as social perception.
- Attribution style the causal attribution form to life's occurrences, providing context for the observed.
- The Theory of Mind which is the foundation for spotting or dissecting a lie, metaphor, or persuasion, refers to the capacity to understand one's own or other people's mental states.

The Epilepsy Ambulatory of the Hospital das Clinical, Faculty of Medicine, University of Sao Paulo (HCFMUSP), a tertiary care centers for epilepsy diagnosis and treatment, was used to enroll the Childhood Epilepsy with Centro Temporal Spikes (CECTS) patients. Only individuals having typical or traditional electro clinical characteristics of Childhood Epilepsy with Centro Temporal Spikes (CECTS) were included in this investigation. Therefore, we considered patients who experienced short, localized hemi facial seizures that included hyper salivation, oro-pharyangeal features, speech stoppage, and unilateral facial sensory symptoms. Rarely did these sleep related seizures progress to bilateral tonic clonic seizures.

The Electro Encephalo Graphy (EEG) contained blunt high voltage Centro temporal acute waves that were frequently followed by slow waves (doublets and triplets) that are engaged during sleep and had a propensity to move or spread from side to side. The Centro temporal area of these epileptic form discharges had the negative pole maximum, whereas the frontal regions had the positive pole maximum. All patients got an electro encephalo graphy examination for at least an hour each when awake, sleepy, and falling asleep on their own after being deprived of sleep. The placement of the scalp electrodes followed the 10-20 systems that were produced using the identical technical conditions. Electro encephalo graphy traces were examined by a neurophysiologist.

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