

HYPOTHALAMIC HAMARTOMAS

MYTHS AND FACTS

If the HH is small, your child will have very little cognitive impairment.

The EEG was normal, so your child is not having seizures

Once the HH is removed, all symptoms will be gone.

Your child just has colic or gastric issues, not seizures.

Gelastic Seizures respond to AEDs.

Your child is too young to have seizures.

Your child is too young to have precocious puberty.

The rage and behavior issues are not related to the HH.

The MRI did not show the HH so there is nothing to worry about.

HH does not affect your child reaching their milestones

1

Number of AEDs and neuroanatomical features of the HH lesion are identified as being significantly related to cognitive performance. ¹

2

Electroencephalography (EEG) is often normal at the outset, even if documented during a gelastic or dacrystic episode. ²

3

Postoperative cognitive outcome seems to be influenced by longer disease duration, age at surgery, HH type, and presurgical performance level. ¹

4

Age at presentation varies; however, early onset gelastic seizures in the first year of life are often missed or misdiagnosed as reflux or colic. ²

5

Seizures associated with HH are usually not controllable with our available anti-epilepsy drugs (AEDs). ³

6

Age at presentation varies; however, early onset gelastic seizures in the first year of life are often missed or misdiagnosed as reflux or colic. ²

7

It is not uncommon for CPP with HH to present in children at an earlier age in comparison to other causes of CPP, including in infancy. ⁴

8

A large spectrum of severity of cognitive deficits has been described, typically including major behavioral problems with pervasive developmental and attention deficit disorder associated with aggression, rage attacks, and hyperactivity ⁵

9

Even with MRI, small HHs are frequently missed unless specifically sought. ⁶

10

HH Patients show reduced preoperative cognitive functions as compared to age-matched normative sample ⁷

References:

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