

Onchocerciasis-related epilepsy

Clinical manifestations and case definition

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Content

1. Clinical manifestations
2. Technical investigations
 - a) EEG
 - b) MRI
3. Proposed case definition

Case study in Maridi, South Sudan



High epilepsy prevalence

40,7 per 1000 (2022)

High onchocerciasis transmission

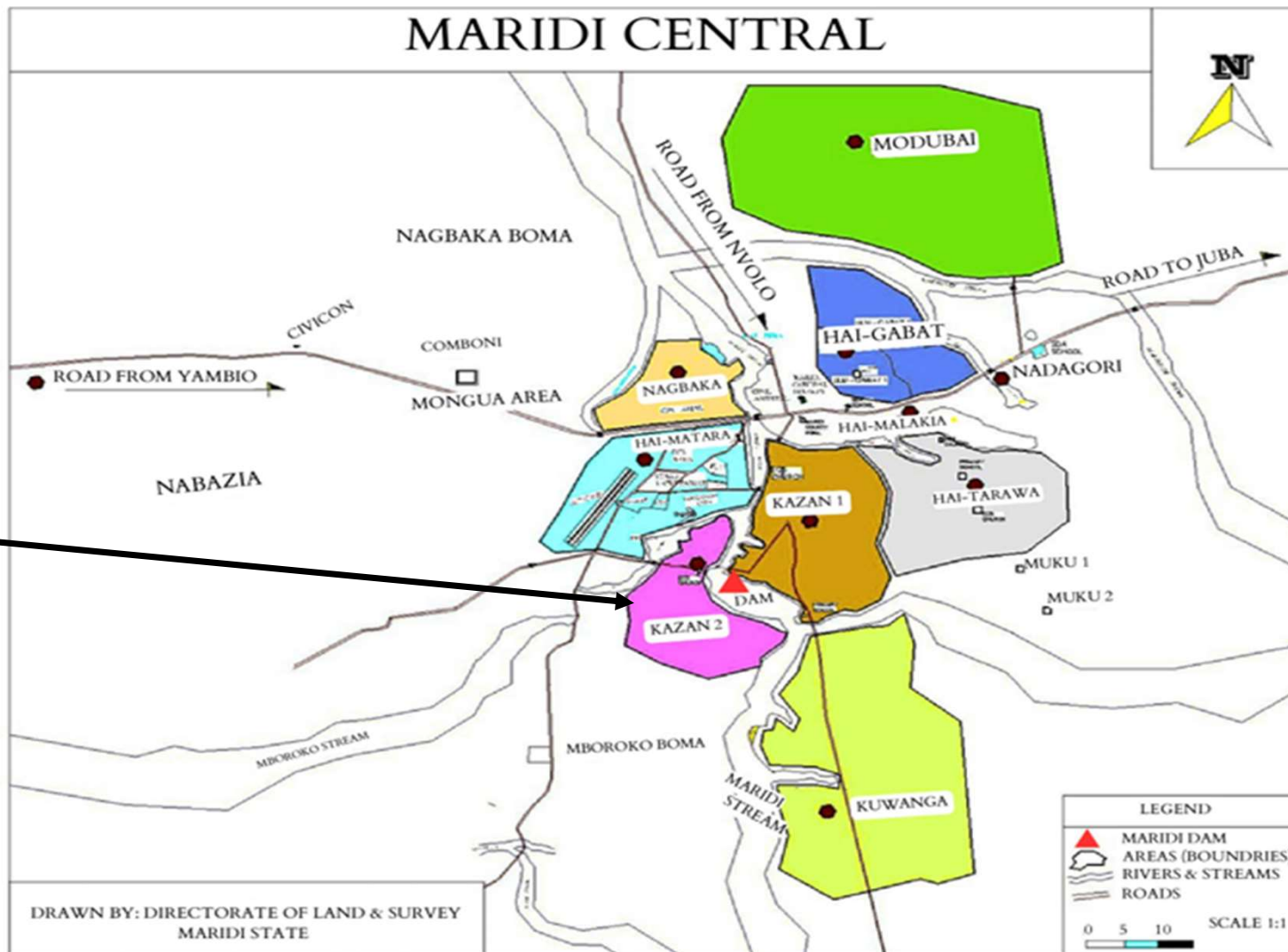
3–6 year-olds: 19,8% seroprevalence (2019)

7–9 year-olds: 33,3% seroprevalence (2019)

Maridi dam



MARIDI CENTRAL



Family living in Kazana 2

Boy, 14 years

- Age of onset (y): 9
- Nodding seizures
- 1 seizure with generalized onset (tonic-clonic)

Girl, 16 years

- Age of onset (y): 9
- Nodding seizures
- Seizures with generalized onset (tonic-clonic)



Girl, 12 years

- Age of onset (y): 4
- Nodding seizures
- Focal aware seizures

Boy, 10 years

- Age of onset (y): 9
- 1 seizure with generalized onset (tonic-clonic)
- Focal seizures with impaired awareness (non-motor onset)

A closer look at a family in Kazana 2

Boy, 14 years
Probable nodding syndrome

Girl, 16 years
Probable nodding syndrome



Girl, 12 years
Probable nodding syndrome

Boy, 10 years

Reminder: case definition of NS¹

Suspected	Reported head nodding in a previously healthy person
Probable	Age 3–18 y at onset of head nodding and nodding frequency 5–20 times/min + At least one of the following: other neurologic abnormalities, clustering in space or time with similar cases, triggering by eating or cold weather, delayed sexual or physical development, psychiatric manifestations
Confirmed	Probable case with documented head nodding episodes (by healthcare worker, by EEG/EMG, by video)

A closer look at a family in Kazana 2

Boy, 14 years
Probable nodding syndrome

Girl, 16 years
Probable nodding syndrome









Girl, 12 years
Probable nodding syndrome

Boy, 10 years
?
Combined focal and
generalized epilepsy

Application of the OAE definition ¹

Minimal criteria

1. a history of two or more unprovoked epileptic seizures occurring at least 24 h apart 
2. living in an onchocerciasis-endemic region for at least three years 
3. living in a village with a high prevalence of epilepsy and PWE often clustered within certain households, that is, families having more than one child with epilepsy 
4. no other obvious cause of epilepsy (e.g., perinatal asphyxia, history of severe malaria, measles, encephalitis or meningitis, or head injury with loss of consciousness in the five years before the onset of epileptic seizures) 
5. onset of seizures in childhood or adolescence (3 to 18 years) 
6. normal neurological development before the onset of epilepsy 

A closer look at a family in Kazana 2

Boy, 14 years
Probable nodding syndrome
OAE

Girl, 16 years
Probable nodding syndrome
OAE



Girl, 12 years
Probable nodding syndrome
OAE

Boy, 10 years
OAE

21 year old boy living in Kazana 2

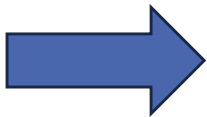
- Onset nodding seizures at age 7
- Blind at age 10
- Body weight 27kg, height 130 cm
- 4 siblings with epilepsy, one died



Short recap

NAKALANGA SYNDROME

- Occuring in previously healthy children, clustering of cases
- Characterized by: stunting, wasting, retardation of sexual development and mental impairment
- Additional features: facial dysmorphia, kyphoscoliosis, epilepsy



Overlap in clinical features

Technical investigations

EEG

MRI

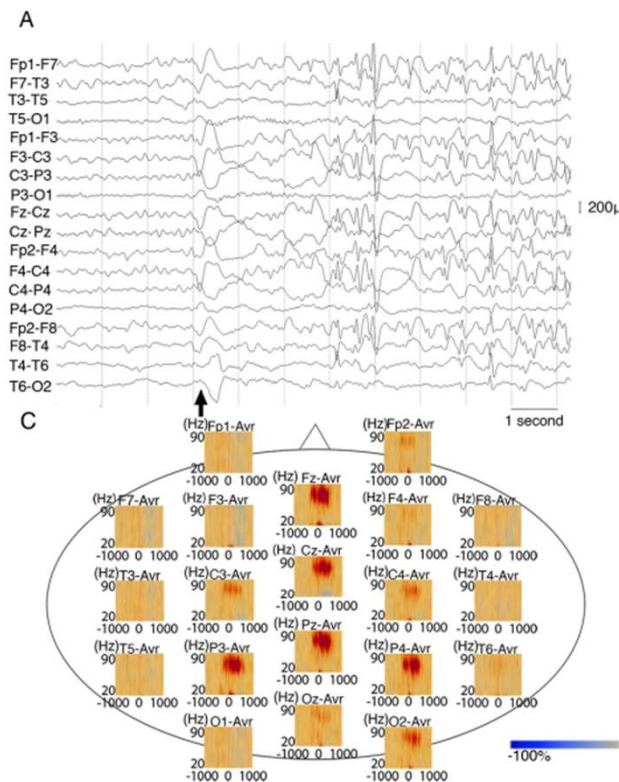
Interictal EEG

- Normal EEG^{1,2}
- Slow background EEG activity (focal slowing, multifocal slowing, bilateral slowing, generalized slowing)^{1, 2}
- Generalized interictal epileptic activity (intermittent generalized slowing and sharp wave activity)¹
- Focal interictal epileptic activity (multifocal, bilateral, right temporal and left temporal)²

¹ Winkler et al. The Head Nodding Syndrome--Clinical Classification and Possible Causes. *Epilepsia* 2008-15.

² Ogwang et al. Epilepsy in Onchocerca Volvulus Sero-Positive Patients From Northern Uganda-Clinical, EEG and Brain Imaging Features' *Frontiers in Neurology* 2021: 687281.

Ictal EEG during nodding seizure¹



A 7 year-old male with NS onset at age 6 years.

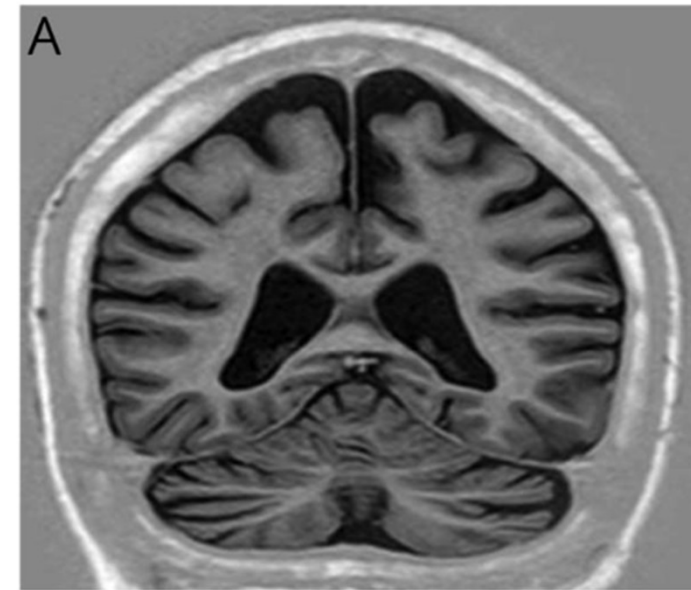
Ictal EEG shows generalized slow wave followed by electrodecrement. EEG background between each head nod is marked by generalized spike and wave discharges.

Conclusions

- shared electro-clinical features with the spectrum of developmental and epileptic encephalopathies
- unable to assess if the seizure onset zone in NS is focal or generalized

MRI

- Similar findings NS and other forms of OAE in Uganda
- Most consistent: cerebral and cerebellar atrophy^{1,2}
- More hemispheric asymmetry in cases of NS compared to other forms of OAE
- 12,5% (2/16) of cases meeting the OAE criteria had developmental malformations on MRI imaging



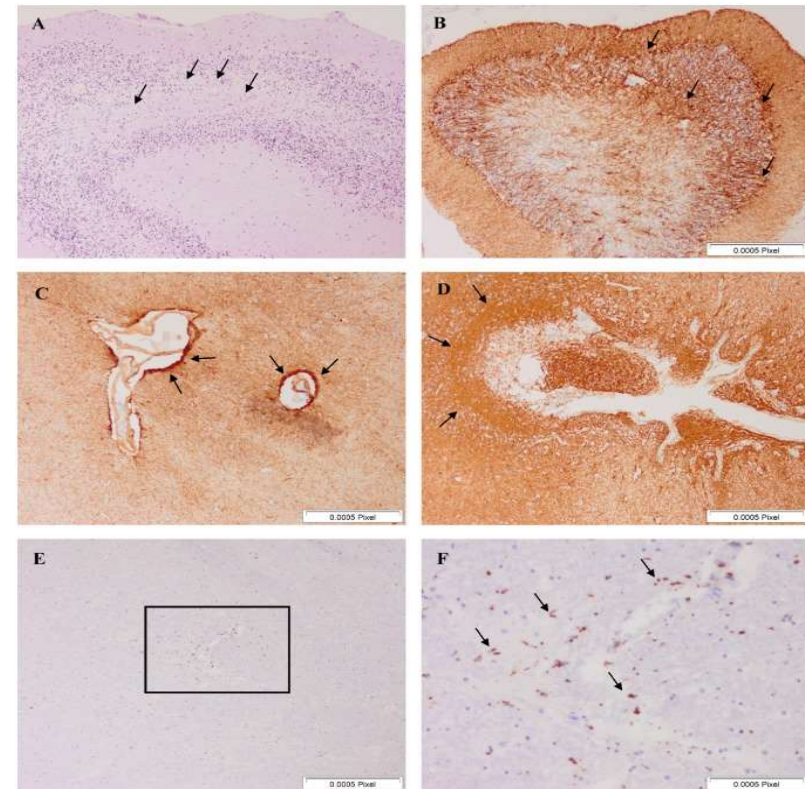
16-year-old girl with NS with global cerebral and cerebellar atrophy (T1- weighted inversion recovery)¹

¹ Mazumder et al. 'Comparison of Structural Changes in Nodding Syndrome and Other Epilepsies Associated With *Onchocerca Volvulus*'. *Neurology(R) Neuroimmunology & Neuroinflammation*. March 2023

² Winkler et al. MRI Findings in People with Epilepsy and Nodding Syndrome in an Area Endemic for Onchocerciasis: An Observational Study' *African Health Sciences* June 2013

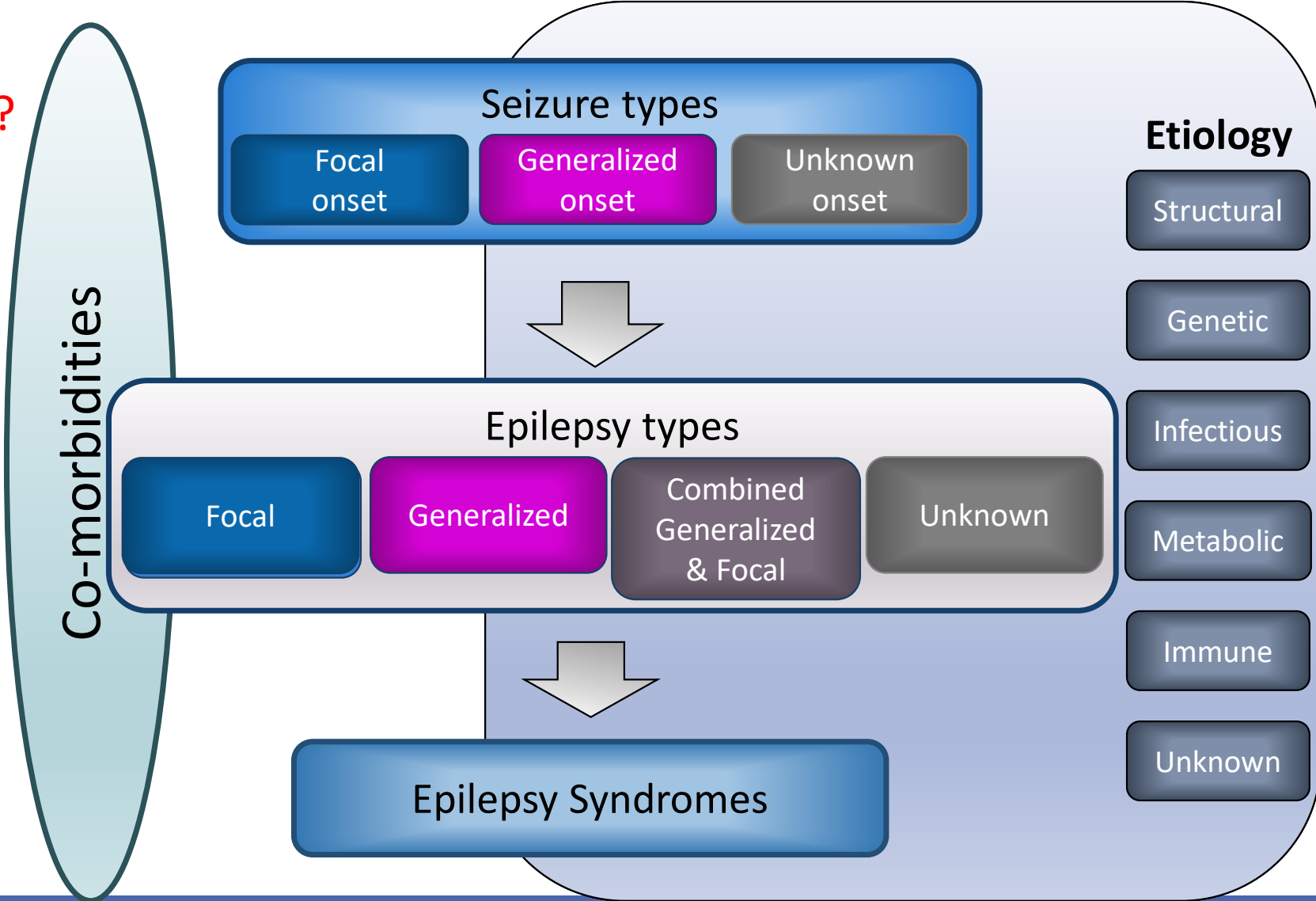
Anatomopathology

- Study in Uganda
- 5 cases of NS and 4 cases of other forms of OAE
- NS/OAE: similar pathological presentation signs of neuro-inflammation
- More Tau deposits in NS



Hotterbeekx et al, *J Neuropathol Exp Neurol* 2019

Nodding?



Proposed case definition

Proposed case definition of OAE¹

Minimal criteria

1. a history of two or more unprovoked epileptic seizures occurring at least 24 h apart
2. living in an onchocerciasis-endemic region for at least three years
3. living in a village with a high prevalence of epilepsy and PWE often clustered within certain households, that is, families having more than one child with epilepsy
4. no other obvious cause of epilepsy (e.g., perinatal asphyxia, history of severe malaria, measles, encephalitis or meningitis, or head injury with loss of consciousness in the five years before the onset of epileptic seizures
5. onset of seizures in childhood or adolescence (3 to 18 years)
6. normal neurological development before the onset of epilepsy.

Proposed case definition of OAE

Additional criteria suggesting OAE

1. a history of **head nodding seizures**, cognitive impairment or **Nakalanga features** (stunting without an obvious cause, skeletal deformities and absence of external signs of sexual development)
2. persons with these features in the same village
3. seropositivity for Ov16 onchocerciasis antibodies (Not a required criterion because both the Ov16 rapid diagnostic test (RDT) and the Ov16 ELISA test have a relatively low sensitivity (<85%) and many people in onchocerciasis hyperendemic areas have *O. volvulus* antibodies, potentially including persons with epilepsy with another aetiology)
4. for a person who has never taken ivermectin:
 - a) a skin test positivity for microfilaria (microscopy or PCR)
 - b) clinical manifestations of onchocerciasis, including leopard skin, onchodermatitis, ocular onchocerciasis and/or nodules

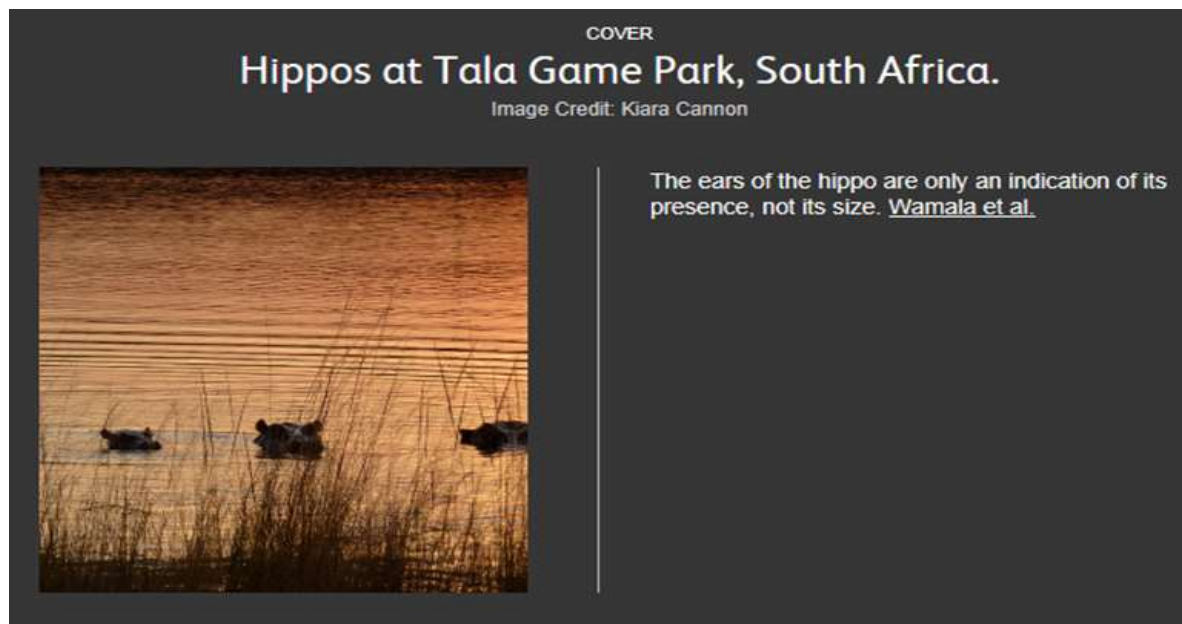
Proposed case definition of OAE

New additional criterion suggesting OAE

Knowledge that the area is or was onchocerciasis meso- or hyperendemic based on > 20% nodule prevalence in REMO surveys or > 35% prevalence of microfilaria in the skin

Conclusion

- OAE includes a spectrum of different types of seizures including nodding seizures



Nodding syndrome = the **ears of the hippo**

Conclusion

- OAE includes a spectrum of different types of seizures including nodding seizures
- OAE may present with Nakalanga features
- Other onchocerciasis skin and eye disease with potentially blindness at a very young age



Let's talk!
