**Role of Trace Elements in a sample of Egyptian Children with Febrile Seizures**

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**Abstract: Background:** Febrile seizures is a common neurological problem at childhood. About 30-40 % of children with first episode of febrile seizures will experience recurrences. A number of trace elements are said to play a role in febrile. **Objective:** This study aimed to investigate the association between levels of some trace elements and children with febrile seizures. **Methods:** This case control study was conducted in the neurology department of Al-Azhar university hospitals, Cairo, Egypt for one year. A total of 56 child were included those were divided into 3 groups after fulfilling our inclusion and exclusion criteria. 18 child with febrile seizure (I), 18 child with generalized epileptic seizures (II) and 18 child with febrile illness without seizures (III) as a control group. Serum Zn, Cu and Mg levels were measured. For statistical analysis, SPSS 20 program was used. **Results:** There was significant difference between group I and group II regarding positive family history of siblings with same medical condition. There is no significant differences noted in serum zinc, copper and magnesium levels between each gender. Group I had **lower** levels of zinc than group II with a **significant** difference. While there were no significant differences in copper and magnesium levels between these two groups. Group I had **lower** levels of zinc and **higher** levels of magnesium than group III with a **significant** difference. While there was no significant difference in copper level between groups I and III. Group II had **higher** levels of magnesium than group III with a **significant** difference. While there was no significant difference in zinc and copper levels between group II and group III. **Conclusion:** It appears that the presence of hypozincemia in presence of other risk factors may enhance the occurrence of febrile seizures explaining a possible correlation between low serum zinc levels and febrile seizures. **Recommendation:** Measuring serum zinc should be recommended for all children with febrile seizures. The possibility of prophylactic zinc supplementation in reducing the risk of febrile seizures in children with febrile seizures and even for normal children who are at high risk of developing febrile seizures.

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**Keywords:** Role; Trace; Element; sample; Egyptian; Children; Febrile; Seizure

**1. Introduction**

Febrile seizures is a common neurological problem at childhood accounting for 30% of all seizures among children **(1).** Although described by the ancient Greeks, it was not until the past century that febrile seizures were recognized as a distinct syndrome separate from epilepsy. Febrile seizures has been defined by the American Academy of Pediatrics (AAP) as a seizure occurring in febrile children between the ages of 6 and 60 months who do not have an intracranial infection, metabolic disturbance, or history of a febrile seizure **(2).**

About 30-40 % of children with first episode of febrile seizures will experience recurrences, hence febrile seizure is an important illness to understand and prevent **(3).** Febrile seizures occur in young children at a time in their development when the seizure threshold is low. This is a time when young children are susceptible to frequent childhood infections such as upper respiratory infection, otitis media, viral syndrome, and they respond with comparably higher temperatures **(4).**

A number of trace elements are said to play a role in febrile seizures by their co-enzyme activity or ability to influence ion channels and receptors. Studies have shown that iron, zinc, selenium, copper and magnesium play significant role in febrile seizure. Zinc acts as a cofactor of glutamic acid decarboxylase, an enzyme which maintains the production of GABA in central nervous system and decreased level of zinc has been observed in febrile seizures **(5)**.

Magnesium is involved in neuronal function and it inhibits the facilitatory effects of calcium on synaptic transmission and also exerts a voltage dependent blockage of Nmethyl-D-aspartate (NMDA) receptor channel. It is suggested to use supplementary zinc and magnesium as preventive measure for febrile convulsion in children **(6).**

Copper inhibits Mg++-adenosine triphosphatase (ATPase) and Na+-K+-ATPase enzymes and disturbs the sodium and potassium homeostasis which results in the genesis of epileptiform discharges **(7).**

This study was conducted to investigate plasma levels of trace elements (zinc, copper and magnesium), among children with febrile seizures to evaluate the relationship between these elements and seizure occurrence.

**2. Patients and Methods**

This prospective case control study was conducted in the pediatric neurology unit of the neurology department of Al-Azhar university hospitals, Cairo, Egypt for one year period from April 2018 to March2019. A total of 56 child were included those were divided into three groups. Eighteen child with febrile seizure, eighteen child with generalized epileptic seizures and eighteen child with febrile illness without seizures as a control group. Informed consent was obtained from the parents or guardians. Patients were subjected to thorough history and complete clinical examination. EEG was done to all patients.

**Inclusion criteria**

1. Children aged between 6 months and 5 years.
2. Normal development children till the time of the study.
3. Fever at least 38°C for febrile groups.
4. Neurologically healthy children before Onset of symptoms for febrile groups.
5. Suffered from generalized seizures according to International league against epilepsy (ILAE) classification 2017**(8)** for epileptic group.

**Exclusion criteria**

1. Children with chronic disease (heart, lung, liver or kidney).
2. Progressive brain disease.
3. Complex febrile seizures.
4. Children with malnutrition and situations that lead to decrease study metals levels in serum including hemolysis, dehydration, vomiting, diarrheal diseases and pneumonia.

Blood samples were taken following a 30-min supine rest, 10 ml blood was withdrawn through a disposable syringe. All samples were centrifuged immediately. The serum was preserved in an Ependorff tubes at -20° for measurement of serum levels of Zn, Cu and Mg with colorimetric method. The normal range serum Zn was 50-120 μg/dl. While the normal range of serum Cu was 80-150 μg/dl and the normal range of Mg was 1.8-2.6 mg/dl. Data was analyzed using SPSS version 20.0. The difference in mean among the groups was assessed by ANOVA and t-test was used to analyze inter group difference. A p- value less than or equal 0.05 was taken as statistically significant.

The study was approved by the ethics committee of the faculty of medicine Al-Azhar University.

**3. Results**

56 child were included in the study. The mean age of group I and group III was 28.8 and 28 months, respectively while it was 48 months in group II children.

**Table (1)**: *Age in different groups.*

|  |  |  |
| --- | --- | --- |
| **Groups** | **Age in months** | **ANOVA** |
| **Range** | **Mean** | **±** | **SD** | **F** | **P-value** |
| **Group I** | 8 | - | 54 | 28.833 | ± | 14.284 | 12.276 | 0.001\* |
| **Group II** | 14 | - | 60 | 48.000 | ± | 13.758 |
| **Group III** | 9 | - | 56 | 28.056 | ± | 12.964 |
| **Tukey's test** |
| **I & II** | **I & III**  | **II & III** |
| <0.001\* | 0.984 | <0.001\* |

Male/female distribution was equal in all groups as 44.4 % males and 55.6 % females in each group.

**Table (2)**: *Gender distribution in different groups*

|  |  |
| --- | --- |
| **Gender** | **Groups** |
| **Group (I)** | **Group (II)** | **Group (III)** | **Total** |
| **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| **Male** | **8** | **44.44** | **8** | **44.44** | **8** | **44.44** | **24** | **44.44** |
| **Female** | **10** | **55.56** | **10** | **55.56** | **10** | **55.56** | **30** | **55.56** |
| **Total** | **18** | **100.00** | **18** | **100.00** | **18** | **100.00** | **54** | **100.00** |

There was significant difference between group I and group II regarding positive family history of siblings with same medical condition.

**Table (3)**: *Family history of siblings with same medical condition*

|  |  |
| --- | --- |
| **Family History Same medical condition** | **Groups** |
| **Group (I)** | **Group (II)** | **Total** |
| **N** | **%** | **N** | **%** | **N** | **%** |
| **No** | **8** | **44.44** | **17** | **94.44** | **25** | **69.44** |
| **Present** | **10** | **55.56** | **1** | **5.56** | **11** | **30.56** |
| **Total** | **18** | **100.00** | **18** | **100.00** | **36** | **100.00** |

There is no significant differences noted in serum zinc, copper and magnesium levels between each gender.

**Table (4)*:*** *Mean levels of zinc, copper and magnesium for each gender*

|  |  |  |
| --- | --- | --- |
| **Variable** | **Gender** | **T-Test** |
| **Male** | **Female** |
| **Mean** | **±** | **SD** | **Mean** | **±** | **SD** | **t** | **P-value** |
| **Zinc** | 61.000 | ± | 22.085 | 64.467 | ± | 26.812 | -0.510 | 0.612 |
| **Copper** | 93.542 | ± | 22.108 | 97.867 | ± | 16.811 | -0.817 | 0.418 |
| **Magnesium** | 2.448 | ± | 0.137 | 2.506 | ± | 0.156 | -1.424 | 0.160 |

Group I had **lower** levels of zinc than group II with a **significant** difference. While there were no significant differences in copper and magnesium levels between these two groups.

**Table (5):** *Mean levels of Serum Zinc, copper and magnesium in group I and group II*

|  |  |  |
| --- | --- | --- |
| **Variable** | **Groups** | **T-test** |
| **Group I** | **Group II** | **t** | **P-value** |
| **Zinc** | **Range** | 28 | - | 101 | 33 | - | 102 | -2.104 | 0.043\* |
| **Mean±SD** | 49.00 | ± | 22.55 | 63.72 | ± | 19.299 |
| **Copper** | **Range** | 55 | - | 130 | 59 | - | 115 | 0.807 | 0.425 |
| **Mean±SD** | 95.16 | ± | 21.09 | 90.38 | ± | 13.63 |
| **Magnesium** | **Range** | 2.06 | - | 2.8 | 2.35 | - | 2.65 | 0.973 | 0.337 |
| **Mean±SD** | 2.550 | ± | 0.173 | 2.505 | ± | 0.093 |

Group I had **lower** levels of zinc and **higher** levels of magnesium than group III with a **significant** difference. While there was no significant difference in copper level between groups I and III.

**Table (6):** *Mean levels of Serum Zinc, copper and magnesium in group I and group III*

|  |  |  |
| --- | --- | --- |
| **Variable** | **Groups** | **T-test** |
| **Group I** | **Group III** | **t** | **P-value** |
| **Zinc** | **Range** | 28 | - | 101 | 30 | - | 134 | -3.408 | 0.002\* |
| **Mean±SD** | 49.000 | ± | 22.552 | 76.056 | ± | 25.021 |
| **Copper** | **Range** | 55 | - | 130 | 63 | - | 140 | -1.008 | 0.321 |
| **Mean±SD** | 95.167 | ± | 21.097 | 102.278 | ± | 21.246 |
| **Magnesium** | **Range** | 2.06 | - | 2.8 | 2.15 | - | 2.57 | 3.274 | 0.002\* |
| **Mean±SD** | 2.550 | ± | 0.173 | 2.385 | ± | 0.126 |

Group II had **higher** levels of magnesium than group III with a **significant** difference. While there was no significant difference in zinc and copper levels between group II and group III.

**Table (7)**: *Mean levels of Serum Zinc, copper and magnesium in group II and group III*

|  |  |  |
| --- | --- | --- |
| **Variable** | **Groups** | **T-test** |
| **Group II** | **Group III** | **t** | **P-value** |
| **Zinc** | **Range** | 33 | - | 102 | 30 | - | 134 | -1.656 | 0.107 |
| **Mean±SD** | 63.722 | ± | 19.299 | 76.056 | ± | 25.021 |
| **Copper** | **Range** | 59 | - | 115 | 63 | - | 140 | -1.998 | 0.054 |
| **Mean±SD** | 90.389 | ± | 13.630 | 102.278 | ± | 21.246 |
| **Magnesium** | **Range** | 2.35 | - | 2.65 | 2.15 | - | 2.57 | 3.259 | 0.003\* |
| **Mean±SD** | 2.505 | ± | 0.093 | 2.385 | ± | 0.126 |

**4. Discussion**

Febrile seizures is a common neurological problem at childhood accounting for 30% of all seizures among children **(1).** A number of trace elements are said to play a role in febrile seizures by their co-enzyme activity or ability to influence ion channels and receptors. Studies have shown that iron, zinc, selenium, copper and magnesium play significant role in febrile seizure **(9).**

The mean age of febrile seizure children and febrile children has a significant difference with the epileptic children but this could be attributed to the epilepsy type of these children and its age distribution **(10).**

Family history of the same condition was present in 55% of children with febrile seizures in this study. This is more than that in the epileptic group which was only 6%. This is also more when compared other studies like Lakshmi S, in which family history of febrile seizures was about 10% **(11).**

Farwell et al reported 29% positive family history in his study **(12).** Baek SJ et al reported 14% positive family history in his study **(13).** Kumari, Margaretha and Kafadar reported 44%, 48%, 26% of positive family history respectively **(14, 15, 16).**

However family history of febrile seizure in this study is less when compared to some studies like this of Iman Abd El Rehim Mohamed Aly and her colleagues in which family history of febrile seizures was about 87% **(17).**

All these studies revealed that occurrence of febrile seizure in children with positive family history (which account for the rule of family history in febrile seizures). Serum zinc, copper and magnesium levels did not show any significant difference between genders. All the previous studies have shown similar findings in this aspect **(11, 13, 18, 19, 20, 21, 22).**

Serum zinc levels in children with febrile seizures was found to be significantly lower than that of the epileptic children. Jun-Hwa Lee, M.D. and Jeong Hyun Kim, M.D. compared serum zinc lev­els in patients with febrile and afebrile convulsions; they concluded that compared to patients with afebrile convulsions, patients with febrile convul­sions had lower serum zinc levels **(23).**

Gündüz Z et al. study and  [Saghazadeh](https://www.researchgate.net/profile/Amene_Saghazadeh) et al on their meta-analysis also reported the same result **(24, 25).** Serum magnesium and copper levels in children with febrile seizures was found to have no significant difference with those of epileptic children. [Amene Saghazadeh](https://www.researchgate.net/profile/Amene_Saghazadeh) and co-workers concluded on their meta-analysis that no changes in copper or magnesium concentrations were linked to epilepsy in comparison to febrile seizures **(25).**

However Bharathi S and Chiranjeevi K found that there is statistically significant association with hypomagnesaemia and ‘Typical Febrile convulsions’ No such association was found with epileptic convulsions **(26).**

Serum zinc levels in children with febrile seizures was found to be significantly lower than that of the febrile children without seizures “which considered as control group”. These results were matching the results of many studies done before. Najmus Saqib and Mahvish Qazi reported in their study that there is a relation between serum zinc and simple febrile seizures. Serum zinc level was significantly lower in children with simple febrile seizures in comparison with febrile children without seizure **(27).**

Also Sreenivasa B et al, Karthikeyan P et al, Khajeh A et al, Sampathkumar P and Kannan KS., Salehiomran MR et al and Gattoo I et al Reported the same results **(27, 5, 28, 29, 30, 31).**

There was no significant difference in serum copper levels between children with febrile seizures and those with only febrile illness. Sawsan Issa Habeeb reported in her study that the mean serum copper level don’t show significant difference between patients with febrile seizure and those with febrile illness alone **(18).**

Similar result was concluded by Mahyar et al. And Amiri et al. **(33, 22)** Shokrzadeh M and his co-workers observed that meaningful higher serum Copper level in febrile seizure children when compared to children with febrile illness alone **(19).**

Serum magnesium levels in children with febrile seizures was found to be significantly higher than that of the children with only febrile illness. However other studies like Baek SJ et al and Namakin K et al found that hypomagnesaemia was more common in patients with febrile seizure than in those with febrile illness alone **(13, 20).**

On the other hand studies like Lakshmi S et al, Khosroshahi N et al and Sepideh Amouian with his colleagues reveals that there is no association between levels of serum magnesium and febrile seizures when compared to febrile illness only **(11, 34, 21).**

**Conclusion**

Low serum zinc level in the group of patients with febrile seizures compared with the two other groups which indicate the existence of a relationship between the serum zinc level and development of febrile seizures. There is no significant association between copper and magnesium levels and febrile seizures or epilepsy. There was higher magnesium levels in epileptic and febrile seizures groups compared with the febrile illness only group. It appears that the presence of hypozincemia in presence of other risk factors may enhance the occurrence of febrile seizures explaining a possible correlation between low serum zinc levels and febrile seizures.

**Recommendations**

Measuring serum zinc should be recommended for all children with febrile seizures. The possibility of prophylactic zinc supplementation in reducing the risk of febrile seizures in children with febrile seizures and even for normal children who are at high risk of developing febrile seizures. Further progressive clinical trials and additional work should be done to discover the relationship between magnesium and seizures and also zinc, copper and magnesium with epilepsy. Future research should be directed towards the therapeutic trial of zinc supplementation and formulate the zinc treatment regimen including its dose and duration.

**References**

1. Martindale JL, Goldstein JN, Pallin DJ. Emergency department seizure epidemiology. Emerg Med Clin North Am. 2017; 29:15–27.
2. Natsume J, Hamano S-I, Iyoda K, et al. New guidelines for management of febrile seizures in Japan. Brain Dev. 2017; 39(1):2-9.
3. Leung A, Robson L, Febrile seizures. J pediatric health care 2016:2(4):250-5.
4. Dutton SBB, Dutt K, Papale LA, Helmers S, Goldin AL, Escayg A. Early-life febrile seizures worsen adult phenotypes in Scn1a mutants. Exp Neurol. 2017; 293:159-171.
5. Karthikeyan P, Prasanna R, Sathyamoorthy M, Reddy SM, Sekar P. Serum zinc levels in children with simple febrile seizures. Int J Contemp Pediatric. 2015; 2:424-7.
6. Talebian A, Vakili Z, Talar SA, Kazemi SM and Mousavi GA Assessment of the relation between serum Zinc and Magnesium levels in children with febrile convulsion. Iranian Journal of Pathology. 2009; 4 (4):157-160.
7. Mishra OP, Singhala D, Upadhyayb RS, Parasada R and Atria D. Cerebrospinal fluid Zinc, Magnesium, Copper and Gammaaminobutyric acid levels in febrile seizures. Journal of Pediatric Neurology. 2007; 5:3944.
8. Chang RS, Leung CYW, Ho CCA, Yung A. Classifications of seizures and epilepsies, where are we? – A brief historical review and update. *J Formos Med Assoc*. 2017; 116(10):736-741.
9. Squitti R. Metal dysfunction and Alzheimer’s disease. Neurobiol Aging. 2017; 39:S7.
10. Panayiotopoulos CP. A clinical guide to epileptic syndromes and their treatment*.* Second edition. London: Springer; 2007.
11. Lakshmi S, Ravichandran T, Narayana R, & Selvaraju K. Role of serum magnesium levels in febrile seizures- a case control study from a paediatric referral centre in south India. 2018.
12. Farwell JR, Blackwell G, Sulzbacker S, Adelman L. First Febrile Seizures Characteristics of the Child, the Seizure and the Illness. Clin Paediatr Phila, 1994. 33(5): 263 -267.
13. Baek SJ, Byeon JH, Eun SH, Eun BL, Kim GH. Risk of low serum levels of ionized magnesium in children with febrile seizure. BMC Pediatr. 2018; 18(1):4-9.
14. Kumari PL, Nair MK, Nair SM, Kailas L, Geetha S. Iron deficiency as a risk factor for simple febrile seizures-a case control study. Indian pediatrics. 2012; 49(1):17-9.
15. Margaretha L, Masloman N. Correlation between serum Zinc level and simple febrile seizure in children. Pediatr Indones. 2010; 50(6):326-30.
16. Kafadar I, Akini AB, Pekun F, Ada E. The Role of Serum Zinc Level in Febrile Convulsion Etiology. J Pediatr 1nf. 2012; 6:90-3.
17. Aly, I., Mohamed, H., Soliman, D., & Mohamed, M. Iron profile parameters and serum zinc & copper levels in children with febrile convulsions in Banha. American Science.2014; 10(7), 1.
18. Habeeb S, Sawsan. Serum Zinc and Copper in Children with Febrile Seizures.2018.
19. Shokrzadeh M, Abbaskhaniyan A, Rafati M, Mashhadiakabr M, Arab A. Serum zinc and copper levels in children with febrile convulsion. mazums-pbr. 2016; 2 (3):19-24.
20. Namakin K, Zaradast M, Sharifzadeh GH, Bidar T, Zargarian S. Serum Trace Elements In Febrile Seizures: A Case Control Study. Iron J Child Neural, 2016. 10(3): 57-60.
21. Amouian S, Mohammadian S, Behnampour N, Tizrou M. Trace elements in febrile seizure compared to febrile children admitted to an academic hospital in Iran. J Clin Diagn Res. 2013; 7(10):2231–2233.
22. Amiri M, Farzin L, Moassesi ME, Sajadi F. Serum Trace Element Levels in Febrile Convulsion. Biol Trace Elem Res. 2010; 135(1):38-44.
23. Lee BH, Inui D, Suh GY, et al. Association of body temperature and antipyretic treatments with mortality of critically ill patients with and without sepsis: multi-centered prospective observational study. Crit Care. 2012; 16(1):R33.
24. Gündüz Z, Yavuz I, Koparal M, Kumanda S, Saraymen R. Serum and cerebrospinal fluid zinc levels in children with febrile convulsions. Acta Paediatr Jpn 1996; 38:237-41.
25. Saghazadeh A, Mahmoudi M, Meysamie A, Gharedaghi M, Zamponi GW, Rezaei N. Possible role of trace elements in epilepsy and febrile seizures: a meta-analysis. Nutr Rev. 2015; 73(11):760-779.
26. Bharathi S and Chiranjeevi K. Study of serum magnesium levels and its correlation with febrile convulsions in children aged 6 months to 5 years of age. IAIM, 2016; 3(11): 61-68.
27. Saqib N, Qazi M. Association between serum zinc level and simple febrile seizures in children: a hospital-based study. Int J Res Med Sci. 2018; 6:31169.
28. Sreenivasa B, Sunil Kumar P, Manjunatha B. Role of zinc in febrile seizures. Int J Contemp Pediatric. 2015; 2:137-40.
29. Khajeh A, Miri-Aliabad G, Fayyazi A, Safdari Z, Keikha M, Askari H. Serum zinc level in children with febrile convulsion. Zahedan J Res Med Sci. 2015.
30. Sampathkumar P, Kannan KS. A comparative study of serum zinc levels in children with febrile seizures and children with fever without seizures in an urban referral hospital. Int J Contemp Pediatric. 2018; 5:977-982.
31. Salehiomran MR, Mahzari M. Zinc Status in Febrile Seizure: A Case-Control Study. Iran J Child Neurol. 2013; 7(4):20-23.
32. Gattoo I., Harish R., Quyoom Hussain S. Correlation of Serum Zinc Level with Simple Febrile Seizures: A Hospital based Prospective Case Control Study. International Journal of Pediatrics. 2015; 3(2.2), 509-515.
33. Mahyar A, Ayazi P, Dalirani R, Bakhtiyani H. A Case - Control Study of the association between serum copper level and Febrile Seizure in Children. Iranian 9 Journal of Child Neurology 2012; 6(1): 23-28.
34. Khosroshahi N, Ghadirian L, Kamrani K. Evaluation of Magnesium Levels in Serum and Cerebrospinal Fluid of Patients with Febrile Convulsion Hospitalized in Bahrami Hospital in Tehran. Acta Med Iran. 2011; 53(12):778-781.

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