Infantile Spasms:
Treatment Algorithm
(for internal use in the Division of Pediatric Neurology only)

Infantile Spasms

Not tuberous sclerosis

Prednisolone 15mg/5mL
45mg/day x 1 week

Clincial Evaluation +/- EEG

Spasms stop

Continue @ 45mg/day for 2 total weeks, then taper over 2 weeks to complete 4 weeks total course of steroids.

Prednisolone 15mg/5mL
Starting @45mg/day:
13mL (~40mg) QD x 5D
6.5mL (~20mg) QD x 5D
3.5mL (~10mg) QD x 5D

Spasms persist

Increase prednisolone to 60mg/day x 1 more week

Prednisolone 15mg/5mL
Starting @45mg/day:
13mL (~40mg) QD x 5D
6.5mL (~20mg) QD x 5D
3.5mL (~10mg) QD x 5D

Spasms stop

Continue @ current dose for 6-9 months.

Spasms persist despite max

Prednisolone 15mg/5mL
Starting at @60mg/day:
10mL (~30mg) QD x 5D
6.5mL (~20mg) QD x 5D
3.5mL (~10mg) QD x 5D

Spasms stop

Withdraw vigabatrin. Consider prednisolone or ACTH.

Infantile Spasms:
Tuberous sclerosis

Vigabatrin
Start 50mg/kg/day div BID
Increase by 25-50mg/kg/day q3 days until spasms stop.
Max dose is 150mg/kg/day.

High Dose ACTH Dosing
150IU/m2 QD or div BID x 2 weeks, then taper:
30 IU/m2 QD x3D
15 IU/m2 QD x3D
10 IU/m2 QD x3D
10 IU/m2 QOD x6D

High dose steroids, Vaccines and Exposures
• Defer steroids for 4 weeks after live vaccines
• Defer steroids for 21 days after varicella exposure
• Consider deferring steroids if siblings or household contacts have received live virus vaccines within 4 weeks.

Clinical Evaluation +/- EEG

Spasms persist

Stop prednisolone after 2 total weeks. Taper is optional. Consider ACTH or vigabatrin.

Clinical Evaluation +/- EEG

Prednisolone 15mg/5mL
Starting at @60mg/day:
10mL (~30mg) QD x 5D
6.5mL (~20mg) QD x 5D
3.5mL (~10mg) QD x 5D

Pediatric Neurology Division, University of Utah/Primary Children's Medical Center, Salt Lake City, UT, April, 2011. http://medicine.utah.edu/pedsneurology