Self-Limited Epilepsy with Centro-Temporal Spikes (SeLECTS)

Self-Limited Epilepsy with Centro-Temporal Spikes (SeLECTS) is formerly known as Rolandic Epilepsy. It is the most common form of childhood epilepsy. Seizures often start between ages 6 to 8 years. Most children outgrow the seizures by their teen years.

The seizures are often mild and begin in the face. You or your child may notice some of these symptoms:

- Face or cheek twitching.
- Tingling or numbness in the tongue or face.
- Trouble speaking or slurred speech.
- Drooling from not being able to control the muscles in the mouth.

Your child may be awake and respond when seizures are only in the face. About half of children with these kinds of seizures will have seizures that spread from the face on one side of the body to the arm and leg on that side.

Seizures can also spread to the other side of the body to cause a generalized tonic-clonic seizure. It may cause stiffening and then rhythmic twitching over the whole body. In this phase your child will not respond or remember the seizure.

Seizures are often no more than two to three minutes. After the seizure, your child may feel tired and confused. This is normal. Watch to make sure your child's breathing is normal after a seizure. You do not need to keep your child awake.

For most children, seizures in SeLECTS do not happen very often. They can be triggered by a lack of sleep. They may happen one to two hours after falling asleep. Some may happen during the day.

Causes

We do not know the cause. Self-Limited Epilepsy with Centro-Temporal Spikes tends to run in families. It is more common in boys than girls.

How to Know if a Child has Self-Limited Epilepsy with Centro-Temporal Spikes

Describe your child's symptoms of seizures to your child's doctor. Your child will have normal neurological exam results.

Tests

- A brain wave test (EEG) can help confirm the diagnosis. Your doctor looks for certain patterns (spikes) on the EEG in the Rolandic part of the brain.
- Your child may have a sleep-deprived EEG. Your child stays up late the night before and gets up early the day of the test. This helps your child fall asleep during the test. This kind of sleep deprivation can bring out the brain wave pattern for Self-Limited Epilepsy with Centro-Temporal Spikes.
- Most of the time, a brain scan is not needed to diagnose Self-Limited Epilepsy with Centro-Temporal Spikes. Your doctor may request a brain MRI. We would expect the MRI results to be normal with Self-Limited Epilepsy with Centro-Temporal Spikes.

Treatment
Children take anti-seizure medicine if:

- Seizures are frequent or last a long time.
- Seizures happen during the day. (risk of having accidents like falling off a bike).

Your child may not need to take medicines. Seizures may not happen often and only at night. Your doctor will help you decide if your child needs an anti-seizure medicine.

What to Know
Most children with Self-Limited Epilepsy with Centro-Temporal Spikes should not have any long-lasting effects. They should grow and develop normally.

Some children have problems with attention and staying focused on tasks. Others may have trouble at school and be more likely to feel anxious or sad. Some children need medicines and counseling for attention and mood issues in order to function at their best. Talk to your child's doctor if you suspect your child has problems with attention, schoolwork or mood issues.

Timeline for Self-Limited Epilepsy with Centro-Temporal Spikes
Most children outgrow their seizures. Some outgrow their seizures by 2 years after they start. Others outgrow them in the teenage years. If your child is on medicines, your doctor will help you decide when and how to stop them.

For more information, please go to: www.epilepsy.com/learn/types-epilepsy-syndromes/childhood-epilepsy-centrotemporal-spikes-aka-benign-rolandic-epilepsy

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6926.