Reviewer's report

Title: Clinical course and seizure outcome of idiopathic childhood epilepsy: determinants of early and long-term prognosis.

Version: 2 Date: 6 August 2013

Reviewer: Athanasios Covanis

Reviewer's report:

Minor Essential Revisions
Title: Clinical course and seizure outcome of idiopathic childhood epilepsy: determinants of early and long-term prognosis

The aim of this study was to "investigate the clinical course and outcome of idiopathic childhood epilepsy and identify variables determining both early and long-term prognosis"

My comments to the Authors

Generalized

Dear Author in Idiopathic Generalized or Focal Epilepsy syndromes are included a variety of syndromes recognized or in development by the ILAE Task Force. For example in Idiopathic Generalized epilepsy syndromes: Myoclonic epilepsy in infancy/childhood, myoclonic -atonic (astatic) epilepsy, Epilepsy with myoclonic absences, Childhood absence epilepsy, Juvenile absence epilepsy, Juvenile myoclonic epilepsy, Eye-lid myoclonia and absences, Perioral myoclonia with absences, Generalized tonic-clonic seizures and various syndromes with onset under the age of 3 years. All the above syndromes are characterized by tree type of seizures absences, myoclonic and Generalized tonic-clonic alone or in co-existence. In the Idiopathic focal group there three main syndromes: BCECTS, Panayiotopoulos syndrome and Gastaut-type occipital epilepsy.

In your paper you have allocated your results on two syndromes, CAE and BCECTS. Only during the discussion some general comments are made to few idiopathic syndromes.

Some specific corrections and comments

Page 3: background 4th line should read
..without any identifiable or suspected cause, other than a genetic predisposition.

Page 4th, last line add if seizures continued using an appropriate daily dose.

Page 5, definition, first paragraph , 7th line add ...anatomic brain lesion or other neurological signs or symptoms. 2nd paragraph: Patients were defined as having a "relapse" when seizures were controlled for more than 12 consecutive months and relapsed. Q: compliance?

Results
In general your results do not follow syndrome classification based on clinical and EEG characteristics but instead the syndromes are lumped together as an entity. The only syndromes you have separated are CAE and BCECTS.

Author for what reason 216 (71%) children and adolescents had neuroimaging studies for idiopathic syndromes?

Discussion

First paragraph. Author you state: .... in order to report the clinical course and prognosis of each epileptic syndrome and identify variables prognostic of a less favorable outcome after short and long-term follow-up. Author that is exactly what you have not done with your results.

Author your paper is very well written but in order to avoid the stated limitations, in my view, you should allocate the title and the results on CAE and BCECTS or state in your limitation that the recognition of various syndromes was not possible because the majority of subjects was followed retrospectively and alter accordingly some statements made in the text.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests