**Conclusion** In children and adolescents with T1DM DPN is highly prevalent, but in the majority of patients it is subclinical. Sensitivity and negative predictive values of the clinical neurological exam are low. Therefore, routine NCV measurement for the assessment of DPN appears warranted in these patients.

**Results** The mean age of the cases was 112.65 ± 2.5 months. Out of 450 children, 76% children presented due to infantile spasms at age < 6 month, 72% presented due to infantile spasms and 18% because of global developmental delay. Spasm types were mixed (38%), flexors (44%), extensor (16%) and asymmetric (2%). Symptomatic seizures were seen in 72% and cryptogenic in 28%. Hypsarrhythmia (67%) was the predominant EEG finding followed by modified hypsarrhythmia (24%) and other forms of epileptic discharges in 9% children. Majority of children were receiving oral Phenobarbitone, Carbamazepine or Valproate sodium. We initiate the management with oral Prednisolone followed by Clonazepam or valproate acid. ACTH therapy was administered in only 5 children.

**Discussion** An increasing rate of malnutrition was detected parallel to increasing age groups.

**Conclusions** Cerebral palsy cases showed certain differences in terms of demographic, etiological and clinical characteristics in Thrace region comparing to other regions.