FEATURES OF EPILEPSY CASE

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Abstract. *Epilepsy is a chronic brain disease, one of the most common neurological diseases, characterized by epileptic seizures that occur against the background of excessive neuronal activity and are accompanied by various clinical and paraclinical symptoms.*
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This disease can be found in people of different ages and genders, but commonly it is diagnosed in children under the age of 15 and usually develops for no apparent reason.

The main clinical manifestation of epilepsy is a seizure (paroxysm), which characterizes with a short-term painful condition. Sometimes seizures occur so frequently, that “status epilepticus” can develop - a life-threatening condition in which the patient does not regain consciousness between seizures or the seizure lasts more than 30 minutes. The most common causes of Epilepsy are: abrupt discontinuation of anticonvulsants, stroke, CNS infection, etc. The patient's post-seizure sleep is indistinguishable from coma. The most common and severe is tonic-clonic “status epilepticus”.

According to the international classification, due to their origin, epileptic syndromes are divided into: symptomatic, idiopathic and cryptogenic. Symptomatic epileptic syndromes (secondary epilepsy) are syndromes that occur against brain tissue damage as a result of the action of some damaging factor. Idiopathic syndromes (primary epilepsy) result from a genetic predisposition. Usually, from 20% to 50% of cases can be attributed to this form, depending on the age group. The remaining cases with a known etiology are symptomatic, but it is worth saying that despite the fact that in all symptomatic cases a certain factor underlies the disease, it can be clearly identified on average in 40% of cases. In this regard, about 60% can be attributed to cryptogenic forms, where it is impossible to accurately determine the etiology of the disease.

In the clinical manifestation of epilepsy, two periods are distinguished: the seizure period and the interictal period. The most characteristic symptom of epilepsy is a Grand Mal seizure. Usually it starts suddenly, and its onset is associated with some external factors. Less often, distant precursors of a seizure can be established, 1-2 days before it, poor health, headache, sleep and appetite disturbance, increased irritability are noted.

In most patients, the seizure begins with the appearance of an aura. Depending on the stimulation of the brain with which the epileptic discharge begins, several types of auras are distinguished: motor, autonomic, mental, speech, sensory, visual, olfactory and auditory.

Motor aura is expressed in various motor automatisms, for example, turning the head and eyes to the side or automated movements of the limbs. Vegetative is manifested by changes in the functional state of internal organs, for example, palpitations, nausea, etc. The visual aura occurs when the occipital lobe is damaged and usually manifests itself in the form of bright sparks, ribbons, shiny balls. After the aura, which lasts a few seconds, the patient loses consciousness and falls. The fall, may be accompanied by a loud shout caused by a spasm of the glottis and convulsive contraction of the muscles of the chest, the tonic phase begins.

During the tonic phase, there is an instant atony of all muscle groups, the trunk and limbs are stretched in a state of tension, the head throws back and sometimes turns to the side, the eyes are often open, the eyeballs are deflected outwards and upwards, the pupils are dilated and do not respond to light, breathing is delayed, the face become pale then turns blue. Tonic convulsions usually last 15-20 seconds.

The next phase is - clonic convulsions. They begin with a sigh and trembling of the limbs. Generalized clonic convulsions look like jerky contractions of the muscles of the limbs, neck, trunk. Lasts about 2-3 minutes, hoarse breathing (epileptic snoring) is possible due to accumulation of saliva and retraction of the tongue, cyanosis slowly disappears, foam comes from the mouth, often with blood due to biting the tongue or cheek. The frequency of clonic convulsions gradually decreases, and at the end of them, general muscle relaxation occurs.

At the end of the clonic phase, the patient does not respond even to the strongest stimuli, the pupils are dilated, there is no reaction to light, tendon reflexes are not caused, involuntary urination is often noted. Consciousness remains soporous and only after a few minutes gradually manifests itself. Often, leaving the soporous state, the patient falls into a deep sleep. At the end of the seizure, patients complain of weakness, drowsiness, lethargy, but they do not remember anything about the seizure itself.

Previously, epilepsy was considered to be a chronic disease characterized by a gradual increase in the severity and frequency of paroxysms and a deepening of personality changes. But today it has been established that the course and outcome of epilepsy are very diverse. In some cases, the disease process becomes progressive, and sometimes ends in dementia. However, along with severe cases of epilepsy, there are relatively favorable options with long-term remissions, and sometimes with practical recovery. Depending on the rate of growth of paroxysmal activity and the deepening of mental changes, slowly and acutely current forms were distinguished; slow, subacute, combined and relapsing types of flow; continuously progressive, remitting and stable type of flow.

The severity of an epileptic disease is determined by the interaction of three main groups of factors: 1) localization and activity of the epileptic focus; 2) the state of the protective and compensatory properties of the body, its individual and age-related reactivity; 3) the influence of environmental factors. There is also no doubt that the course of the disease is largely determined by the time of its onset, the regularity and adequacy of antiepileptic treatment and rehabilitation measures.

Of great importance for the formation of the clinical picture and the course of the disease is the localization of the epileptic focus. In accordance with this, some clinical forms of epilepsy are distinguished: temporal (psychomotor), diencephalic, etc.

The clinical features of temporal lobe epilepsy are well defined. Seizures begin with a pronounced aura. As a rule, this is a sensory aura, as well as a complex mental aura, mainly in the form of states with a sharp change in the perception of the environment. It seems sickly alienated, frightening, threatening, sometimes comical, unrealistic, fuzzy. Another clinical feature of temporal lobe epilepsy is non-convulsive paroxysms with various variants of twilight states, in particular in the form of mental automatism phenomena, as well as the occurrence in these patients of conditions that are psychopathologically similar to the aura preceding convulsive paroxysms. According to many authors, temporal lobe epilepsy is accompanied by the most profound and typical personality changes.

In the structure of recurrent paroxysms in diencephalic epilepsy, various vegetative disorders occupy the main place. Paroxysms in diencephalic epilepsy go through several successive stages. Paroxysms are usually preceded by a prodrome lasting from several hours to a day. It is characterized by mood changes, most often approaching dysphoria, headache, increased thirst or increased appetite. Initial signs of paroxysm: vague fear, anxiety, discomfort in the epigastric region. Actually, paroxysm manifests itself extremely diversely, chills, hyperemia or pallor of the skin, salivation, lacrimation, tinnitus, shortness of breath, tachycardia, increased blood pressure. Relatively frequent tonic convulsions. Paroxysm ends with sweating, urinary retention or increased urination, frequent urge to defecate, drowsiness, increased appetite, thirst. Paroxysms may be accompanied by confusion or loss of consciousness.

The course of epilepsy in some cases follows certain patterns in the change of paroxysmal states. Often, a disease that manifests with large convulsive seizures subsequently changes, convulsive seizures are replaced by non-convulsive paroxysms of various psychopathological structures. A smaller number of large convulsive seizures and non-convulsive paroxysms is accompanied by the appearance of acute psychotic states such as twilight or oneiroid stupefaction, first after the seizure, and then independently. In the future, the appearance in the picture of the disease of protracted psychotic states of an affective or delusional psychopathological structure is possible.

The data of many authors indicate that the course of epilepsy at different stages can be modified. One or another type of course (progredient, remitting, regressive or stable) can only be spoken of in relation to a certain stage of the disease at a specific period of time.

Systematic adequate treatment can stop the disease process with full or partial restoration of the patient's social adaptation (therapeutic remission). Complete therapeutic remission is determined by the long-term absence of paroxysmal disorders and mental disorders. With incomplete remission, paroxysms are significantly reduced with more or less pronounced, but not deepening personality changes.

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