Epilepsy & Behavior 101 (2019) 106761

Refractory non-convulsive status epilepticus with favorable outcome in a patient with Marchiafava–Bignami disease

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Background: Marchiafava–Bignami disease (MBD) is a rare condition mainly associated with chronic alcoholism, which is characterized by demyelination of the corpus callosum. MBD results in a variety of neurological symptoms including altered mentality, gait difficulty, cognitive dysfunction, and seizure. Herein, we report a patient showing a favorable outcome after refractory non-convulsive status epilepticus (NCSE) as an initial manifestation of MBD.

Methods: A case report.

Results: A 58-year-old man presented with an acute confusional state with intermittent upward eyeball deviation, which had been developed a few hours. He had a history of chronic heavy alcohol consumption. The amount of alcohol intake was about 2 bottles of Korean Soju per day. Upon neurological examination, he was disoriented and his level of consciousness fluctuated. Considering the possibility of alcohol-related symptoms, he was promptly administered intravenous (IV) thiamine 50 mg with normal saline. Routine blood tests, including tests of thiamine levels, and cerebrospinal fluid studies revealed no abnormalities. Brain magnetic resonance imaging (MRI) on admission showed hyperintense lesions involving the splenium and genu of the corpus callosum and the cerebral cortex. Electroencephalography revealed periodic rhythmic delta activities suggestive of NCSE. IV lorazepam (0.1 mg/kg) followed by IV fosphenytoin (30 mg/kg loading doses) were administered, but his clinical and electrographic seizure persisted. Seizure control was achieved on day 4, after adding levetiracetam (2000 mg/day) and lacosamide (400 mg/day). On day 7, he was oriented and was able to name objects, follow commands, and to walk with some assistance. He received IV thiamine 200 mg/day for 28 days, followed by oral thiamine 30 mg per day. Follow-up MRI at 1 month after the onset of symptoms showed persistent hyperintense lesions involving the splenium and genu of the corpus callosum, with some atrophic changes. At the 2-month follow-up, he was able to carry out many of his usual activates without assistance. He did not experience any symptom that indicated a seizure while on maintenance levetiracetam (300 mg/day) and lacosamide (400 mg/day).

Conclusion: MBD can be involved in the etiology of NCSE. Also early treatment with thiamine may be necessary for a better prognosis.

doi:10.1016/j.yebeh.2019.08.036

Epilepsy & Behavior 101 (2019) 106762

Status epilepticus secondary to extensive pneumocephalus

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Background: Pneumocephalus is a frequent pathology in the postoperative period of a craniotomy. Patients who present neurological deterioration or epileptic seizures in the postoperative period of a craniotomy require a rapid diagnosis. It is important to perform imaging and electroencephalogram tests (EEG) to diagnose surgical complications and epileptic events and initiate an early and aggressive treatment.

Methods: We report a case of status epilepticus occuring in the setting of extensive pneumocephalus after craniotomy for resection of frontal meningioma.

Results: 82-year-old who presented neurological deterioration in the inmediate postoperative period of a frontal meningioma resection. Urgent computerized tomography showed a large frontal air collection (extensive pneumocephalus) with postoperative changes, without bleeding. The patient presented a complex epileptic crisis and the EEG showed status epilepticus. The patient required two anticonvulsant drugs (levetiracetam and phenytoin) and subsequent general anesthesia with midazolam and propofol. Daily EEG showed moderate-severe encephalopathy with "outbreak-suppression". After withdrawal of general anesthesia the patient presented a GCS of 3 and after 14 days the medical staff decided to limit the therapeutic effort taking into account her vital preferences and those of her family.

Conclusions: Pneumocephalus is the consequence of a traumatic violation of the dura and should be considered in all patients who present epileptic crisis after a craniotomy. Gold standard diagnostic test is CT without contrast, which can identify even small amounts of intracranial air and can exclude other diagnoses. Epileptic status is a neurological emergency that requires immediate treatment and an early EEG must be performed.

doi:10.1016/j.yebeh.2019.08.037

Epilepsy & Behavior 101 (2019) 106763

Posterior reversible encephalopathy syndrome du to chemotherapy, a case report

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