



EPILEPSY: EPILEPSY SURGERY. CLINICAL CASE PRESENTATION

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ABSTRACT

Objectives: To describe the style and quality of life of a pediatric patient diagnosed with epilepsy before and after surgical treatment, as well as its evolution afterwards. **Method:** A retrospective study was carried out, a clinical case in a patient diagnosed with epilepsy since childhood, with an aggressive evolution in adolescence, managing to improve the condition with surgery. **Results:** A 13-year-old patient diagnosed with epilepsy from 6 months of age (3-4 crises per year), at 12 years crises are more frequent, reaching 5 per day (140 monthly). Surgery was performed to diagnose temporal mesial sclerosis. Currently patient without neurological deficit and without the presence of seizures. **Conclusion:** Despite the medical and social implications of epilepsy, there are currently alternatives for its control and treatment that they offer, including total remission of seizures.

KEYWORDS : Epilepsy, sclerosis, Quito, Ecuador

INTRODUCTION

The most frequent neurological disease, present in 1-2% of the world population. This figure has increased in recent years.

The risk factors for this disease have made childhood and adolescence the most frequent age of onset, altering the quality of life of those who suffer from it.

Currently, there are surgical techniques that improve the prognosis, quality of life and even the cure of this disease without leaving neurological sequelae.

METHODOLOGY

A retrospective study was carried out, a clinical case in a patient diagnosed with epilepsy since childhood, with an aggressive evolution in adolescence, managing to improve the condition with surgery.

The information obtained is stored in digital files of those who make this. Statistical package of Word and images was used.

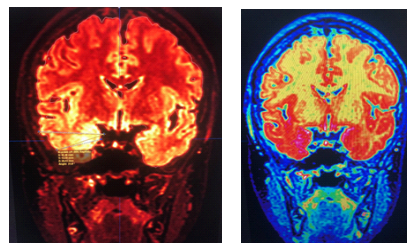
CLINICAL CASE PRESENTATION

A 13-year-old patient diagnosed with epilepsy from 6 months of age, when he presented for the first time a seizure triggered by fever, characterized by generalized rigidity, head to the left,

deviation of gaze to the left, sialorrhea, cyanosis, relaxation of sphincters that lasted about 10 minutes, episodes were presented 3-4 times per year.

At 7 years of age, she was evaluated for the first time by a neurologist who started treatment with Valproic Acid, however the attacks became more frequent and intense.

At 12 years of age, she was hospitalized in a pediatric specialty hospital where the same ones who requested electroencephalogram video + Nuclear Magnetic Resonance were evaluated by the neurology service; reaching a diagnosis of mesial sclerosis of the right temporal lobe.

Imagel and 2: Nuclear Magnetic Resonance with spectroscopy and Neuronavigation protocol

With this diagnosis assessed by the Pediatric Neurosurgery service, those who decide to perform surgery.

Before the surgery, the patient was taking 3 anticonvulsant medications:

carbamazepine 400 mg orally every 12 hours

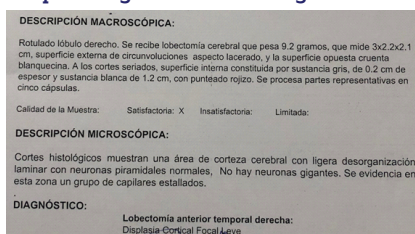
lamotrigine 25 mg orally every 12 hours

levetiracetam 1000 mg orally every 6 hours

With this medication, the patient presented an average of 5 seizures every day (140 monthly).

Right temporal craniotomy + right anterior temporal lobectomy + right tonsil-hypocampectomy + subpial exeresis was performed. Uncomplicated surgical procedure. Histopathological result of a surgical specimen: histological sections show an area of the cerebral cortex with slight laminar disorganization with normal pyramidal neurons. There are no giant neurons. A group of exploded capillaries is evident in this area.

Image 3: Histopathological Result of Surgical Piece



At the time 2 months after surgery, the patient had no seizures, no neurological deficit, he is currently taking 2 anticonvulsant medications.

DISCUSSION

Epilepsy is a frequent pathology in childhood and is a common reason for consultation in pediatric hospitals. Its diagnostic and therapeutic approach and follow-up is complex, making it important to form a multidisciplinary team with trained doctors, who have a primary role in improving the quality of life, prognosis, and even the cure of these patients.

CONCLUSION

Epilepsy is a common pathology in childhood and adolescence, a disease that carries with it a significant decrease in the style and quality of life not only of the patient, but also of his relatives.

Currently, there is technology for accurate diagnosis and there are alternatives for its control and treatment that offer, including total remission of crises.

To comply with the aforementioned, it is important to have a trained center, with specialists suitable for both clinical and surgical treatment with favorable results and few complications for patients, as was the case presented.

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