



Tanta University

Faculty of Medicine

Neuropsychiatry

**GENERALIZED CONVULSIVE STATUS EPILEPTICUS:
ETIOLOGY AND OUTCOME**

Thesis

Submitted for partial fulfillment of the requirements of Master degree

IN

Neuropsychiatry

By

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SUMMARY AND CONCLUSION

Status epilepticus (SE) is a neurological emergency, and continues to be associated with significant morbidity and mortality. An aggressive therapeutic approach to SE has been recommended, including induction of general anaesthesia in SE resistant to first and second line antiepileptic drugs, since refractory SE carries a high risk of deleterious sequelae if treatment is delayed, this is best documented for generalised convulsive GC SE .

Status epilepticus was defined as ongoing seizures, or repetitive seizures without intercurrent normalization of consciousness or return to baseline for more than 30 minutes. This definition involving 30 minutes partly based on pathological evidence suggesting neuronal damage begins at 30 minutes and on epidemiological data reporting increased morbidity and mortality with seizures lasting more than this period.

Refractory status epilepticus (RSE) was defined as status that does not respond to initial anticonvulsant treatment with benzodiazepines and phenytoin regardless of the delay since the onset of the seizure. Duration of seizure activity as a major part of the definition does not appear to be very helpful . First line anticonvulsant drugs have to be given in the appropriate form and in adequate dosages. RSE is a condition in search of improved clinical characterisation and more efficient treatment options.

The aim of this study is to gain further insights into the etiologic determinants of the different types of generalized convulsive status epilepticus and their outcome including morbidity and mortality.

This study was conducted on 104 patients with GCSE including ages between 9 months and 90 years attended the Neuropsychiatry Department, Tanta University Hospitals over a period of one year . Each patient was subjected to: detailed history taking with special stress on description of seizure including : (prodroma ,conscious level , ictal description , post ictal state , duration of the attack, frequency , associated manifestations), precipitating factors , history of epilepsy , treatment taken by the patients , possible etiology of seizures, family history and thorough general and neurological examination. A battery of investigations were done for the

cases including MMSE , routine laboratory investigations, CSF examination ,brain MRI and EEG in some selected cases.