LAMOTRIGINE INDUCED SEIZURES IN JUVENILE MYOCLONIC EPILEPSY

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Juvenile myoclonic epilepsy (JME) is a common epileptic syndrome. Before the emergence of the newer antiepileptic drugs (AEDs) in the 1990s, valproate (VPA) was the usual first-line treatment in juvenile myoclonic epilepsy. However, the frequent adverse effects and the risk of teratogenicity have resulted in a search for alternative first-line therapies in women. Lamotrigine (LTG), topiramate, and levetiracetam, have been used as monotherapy or adjunctive therapy for juvenile myoclonic epilepsy in small patient series. However, the new AEDs may not be effective for all the seizure types of juvenile myoclonic epilepsy. It is important for clinicians to understand JME to correctly diagnose and manage patients with this syndrome. In this article, we report the case of a 31-year-old female who was started VPA with the diagnosis of idiopathic generalized epilepsy and who experienced aggravation of myoclonic and generalized tonic-clonic seizures when lamotrigine (50 mg/d) was prescribed in association to valproate (400 mg/d) after reduction of VPA therapy because of the side effects.