

## **STATUS EPILEPTICUS AND MULTIPLE SCLEROSIS CASE OVERVIEW**

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**INTRODUCTION:** Presentation of the case of a patient with a several years' history of multiple sclerosis with sudden Status Epilepticus.

The patient is 41 years old, with a 12-years' clinical history of multiple sclerosis. The patient has been treated and monitored well, and has not shown any symptoms of any form of epileptic seizure. She suddenly presents a partial motor seizure with secondary generalization which evolves into the epileptic status.

**CASE REPORT:** L.S. (1970) has been brought to the Emergency Medicine Clinic in Status Epilepticus in the form of partial motor seizures to the right, and with secondary generalization in the form of tonic and clonic spasms. Diazepam administered rectally. Another 10 mg of Diazepam was administered intravenously. During the infusion the seizures stopped.

**CT:** lateral ventricles of the brain widened with paraventricular demyelinating plaques more on the left side.

**Diagnosis:** Status Epilepticus /epi partialis motoria lat. dex./. Hydrocephalus internus. Sclerosis multiplex.

**Th:** Luminal 100mg, and Mannitol 10% 250ml

**EEG:** Pathologically-curves show a poorly continuous activity on the left with polymorphic bradyarrhythmic dysfunction of fronto-parietal left from medial to sever level with signs of irritability.

The patient has been receiving treatment for MS. First hospitalization in 1998, last in 2006 when she was treated with pulse therapy; EDSS score 8.

The following included in therapy: Tegretol 200mg; Diazepam ampoules

### **CONCLUSION**

Multiple sclerosis patients may at any stage of the disease be at a risk of a symptomatic form of epilepsy as an isolated seizure or a permanent form of epilepsy.