

## **Differential diagnosis of epileptic seizures and parasomnia in patients with verified epilepsy with nocturnal paroxysmal events on the analysis of 2 clinical cases.**

### **A. Dubenko**

*Epilepsy department, Institute of Neurology, Psychiatry and Narcology of NAMS of Ukraine, Ukraine, Clinical Pharmacology, National Pharmaceutical University, Ukraine*

Patient Z. 28 years, cryptogenic epilepsy with complex partial and secondary generalized seizures from 14 years. Prescription AED led to a significant reduction in seizures. In 22 years' paroxysmal events during sleeping were started - jumping, aggressive behavior, duration 20 minutes. The scheme of AED was changed (levetiracetam 1500 mg/day, oxcarbazepine 1200 mg/day). Days seizures stopped, the night paroxysms remained unchanged. During the polysomnography with 19 EEG channels during paroxysmal event described above showed multiple motor artifacts which made impossible verification bioelectric activity of the brain. In interictal EEG - spike-wave complexes in the left parietal-occipital leads with a tendency to generalization. During sleeping tonic tension of mimic muscles and muscles of trunk were observed, without epileptic discharges on the EEG. Sleep agents were prescribed (zopiclon, melatonin, quetiapine). Night jumps with aggressive behavior stopped, occasionally there was restless sleep with tonic tension. The patient is 36 years old, has symptomatic epilepsy caused by left-sided hippocampal sclerosis with complex partial and secondary generalized seizures from 23 years. Therapy AED (Levetiracetam 1000 mg/day, Valproate 600 mg/day) - seizure control. In 33 years appeared sleep paroxysmal events with spillage, sleepwalk with aggressive behavior, duration 5 - 7 minutes. The clinical picture was very similar to patient's Z. Polysomnography during paroxysmal event, multiple motor artifacts were determined, but at the beginning of the paroxysmal event, data were obtained that could be regarded as epileptic activity in the left frontal-temporal region. In the interictal EEG - the spike-wave in the left temporal-frontal leads. The administration of sleep agents was not effective for night paroxysms events. Increasing doses of AEDs (Levetiracetam 1500 mg/day, Valproate 1200 mg/day) resulted in discontinuation night ictal. In epilepsy patients with the appearance of night paroxysms, it is necessary to continue the differential diagnosis of parasomnia and epileptic seizures.