



Short communication

Focal drug-resistant epilepsy: Progress in care and barriers, a Moroccan perspective

Zouhayr Souirti^{a,b,c,*}, Ahmed Sghir^a, Rachid Belfkih^a, Ouafae Messouak^{a,b}^a Department of Neurology, University Hospital of Fez, Morocco^b Clinical Neuroscience Laboratory, Faculty of Medicine, University of Fez, Morocco^c Sleep Medicine Center, University Hospital of Fez, Morocco

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ABSTRACT

Introduction: The aim of this study is to determine the clinical, paraclinical, therapeutic and outcome aspects of drug resistant patients with epilepsy in our region and consequently to discuss methods that may improve the management of these patients. **Patients and methods:** This paper presents a retrospective study of 25 adult patients that were followed for focal drug resistant epilepsy in epileptology unit of the University Hospital of Fez, Morocco. **Results:** This study recorded 25 patients including 48% of males and 52% of females. The mean age of patients was 24 years-old. Hippocampal sclerosis was present in 28.5% of patients (7 cases); brain malformations were found in 19% of patients (5 cases); tumors were found in 24% of patients (6 cases); post-traumatic, post-surgical and anoxic-ischemic lesions were found in 28.5% of patients (7 cases). Resective epilepsy surgery was performed in 28.5% of patients (7 cases). Post surgical outcome was good for 5/7 patients (Engel I and II). **Conclusion:** The clinical characteristics, etiologies and clinical course of medically refractory focal epilepsy in our region are similar to that reported in the global literature. We also demonstrated a long delay between onset of seizures and surgery (15 years range 8–34 years) and barriers to epilepsy surgery.

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1. Introduction

Approximately 30% of patients with epilepsy are medically refractory. Drug resistant epilepsy is defined by appointed ILAE Task Force as failure of adequate trials of two tolerated, appropriately chosen and used antiepileptic drug schedules (whether as monotherapies or in combination) to achieve sustained seizure freedom (Kwan et al., 2010).

Drug-resistance is a major problem in epileptology, because it is associated with increased morbidity, mortality, difficulties of social and professional integration, decreasing of cognitive performances, and psychiatric disorders. In addition, the personal impact and socio-economical cost are important.

This paper presents a retrospective study of 25 patients that were followed for focal drug resistant epilepsy in epileptology unit of the Hassan II University Hospital of Fez, Morocco.

2. Patients and methods

This retrospective study enrolled 25 patients followed for focal drug-resistant epilepsy in an adult epileptology unit. All patients

were involved between January 2011 and December 2013. We included drug resistant epilepsy patients based on failure to two antiepileptic drugs during two years. Patients who were suffering from pseudo-drug resistance such as psychogenic non-epileptic seizures and epilepsies treated by unsuitable anti-epileptic drugs were excluded.

The personal and family history, the type and the frequency of seizures, the age at the first seizure, results of the complementary examinations such as EEG, brain imaging, and treatments were recorded for each patient.

3. Results

3.1 General data

A consecutive series of 25 patients presenting focal drug resistant epilepsy were studied including 48% male and 52% female. Average age was 24 years-old (range 7–46 years). The age distribution was: 40% were aged <20-years-old, 32% between 21 and 30 years-old and 28% were more than 30 years-old. The patient's mean age at the first seizure was 10.36 years (range 1–20). Age at onset of seizures was less than 10 years-old in 40% of our patients, between 10 and 19 years-old in 48% and more than 20 years-old in 12% (Fig. 1).

* Corresponding author. Tel.: +212 663523732.

E-mail address: zouhayrsouirti@gmail.com (Z. Souirti).

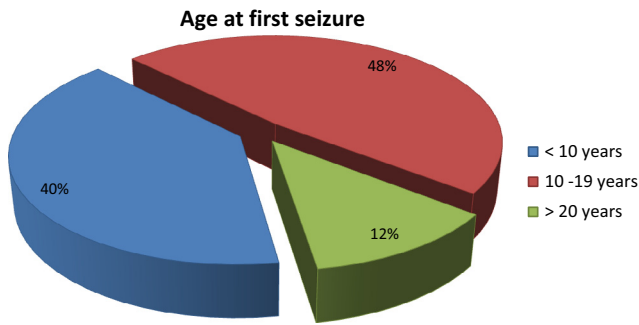


Fig. 1. Age at first seizure among the 25 patients.

Six patients (24%) did not have any risk factors for epilepsy. Risk factors for epilepsy were noted in the other patients: 9 patients had a history of febrile convulsions, four patients had a history of perinatal hypoxia, 5 patients had a history of head trauma, consanguinity was noted in 6 patients, a positive family history of epilepsy was noted in 4 patients, one patient had history of neurosurgical intervention (Fig. 2). Review of patient's history found a single risk

factor in 44% of patients, 2 risk factors in 20% of patients, and 3 risk factors or more in 12% of patients. The mesial temporal lobe syndrome is characterized by the high frequency of febrile convulsions and parents' consanguinity. The history of perinatal hypoxia is present essentially in parieto-occipital epilepsy. The first visit was carried out by a general practitioner in 36% of cases, a psychiatrist in 16% of cases, a neurologist in 16% of cases, a pediatrician in 12% of cases and a neurosurgeon in 8% of cases (Fig. 3).

3.2. Frequency of seizures

Seizures were multiple per day in 16% of cases; seizures presented less than once a week in 36% of cases, and seizures presented at least once a week without being daily in 48% of patients.

3.3. Type of seizures

Focal dyscognitive seizures were recorded in 44% of patients, secondary generalized focal seizures were present in 48% of patients, while simple partial seizures were found in 8% of patients.

As determined by EEG, MRI, clinical phenomenology, the epileptogenic region was localized to the temporal lobe in 56% of the

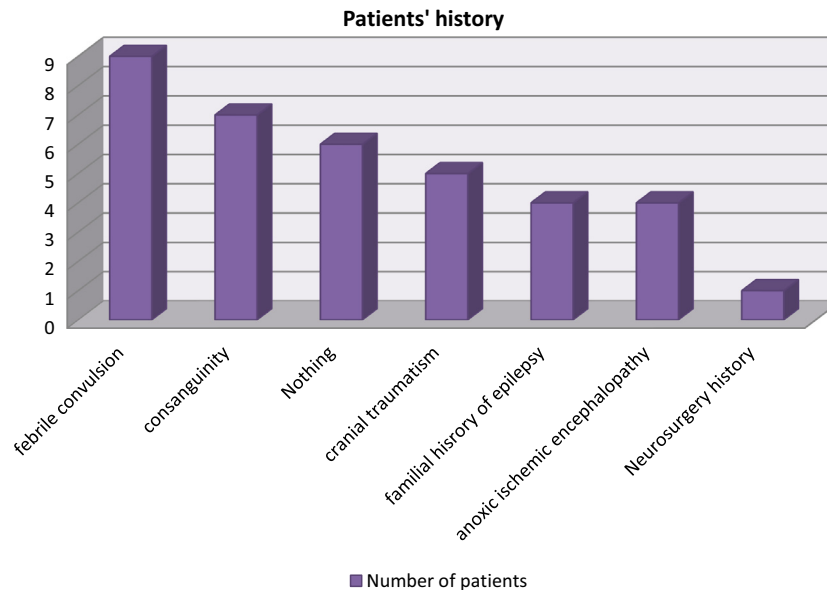


Fig. 2. Diagram of risk factors.

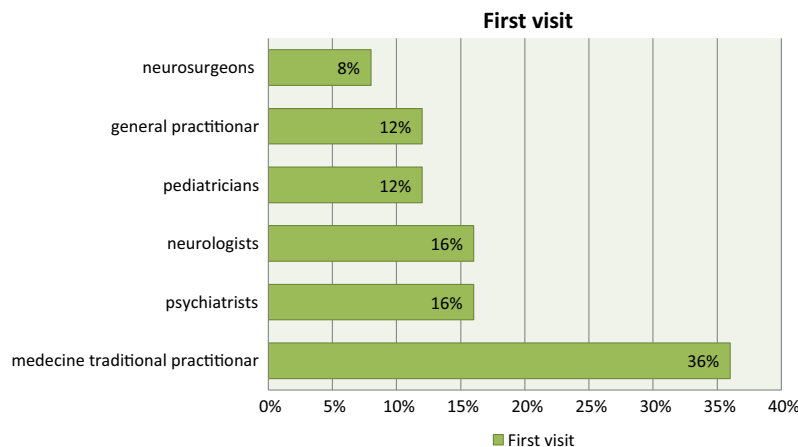


Fig. 3. Repartition of practitioners at first visit.

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