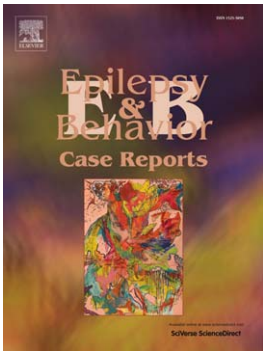

Postictal neurogenic pulmonary edema: Case report and brief literature review

Oscar Romero Osorio, Juan Abaunza, Pieralessandro Lasalvia, Diana Sandoval Briceño, Daniel Nariño Gonzalez

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POSTICTAL NEUROGENIC PULMONARY EDEMA: CASE REPORT AND BRIEF LITERATURE REVIEW.

Abstract

We present a case of a 34-year-old woman with a history of focal epilepsy since adolescence who presented self-limited pulmonary edema following a generalized seizure.

Authors:

1. - Oscar Romero Osorio: Neurologist. Javeriana University.
2. - Juan Abaunza: Medical student Javeriana University.
3.- Pieralessandro Lasalvia: Physician Javeriana University.
4. - Diana Sandoval Briceño: Physician Javeriana University.
5. - Daniel Nariño Gonzalez: Neurophysiologist Javeriana University.

Clinical Case

A 34-years-old female patient visits the emergency room. She had just presented with an episode consisting of initial déjà-vu, palpitation, epigastric feeling of emptiness. Afterwards she had leftward ocular and cephalic version, followed by tonic extension posture of all four extremities for 1 minute. All symptoms then resolved leaving her in a state of confusion approximately for 40 minutes. She has had epilepsy for 9 years prior to this event. Her typical ictal pattern included consisted in self-limited episodes of déjà-vu sensation and anxiety every year. The last episode was 3 years ago, in this occasion she presented respiratory failure associated with seizure and required orotracheal intubation and intensive care unit. She was currently taking 400 mg daily of carbamazepine. With further inquire; she admitted interruption of the previous dose and sleep deprivation as probable causes of the convulsive episode. On initial examination, she was awake with normal vital signs, with no cardiovascular or neurological abnormality. However, she referred mild dyspnea during examination. Blood chemistries showed slight leukocytosis attributable to postictal state and normal arterial blood gases. An electrocardiogram (**figure 1A**) was performed showing sinus tachycardia, S1Q3T3 pattern and negative T waves, and chest radiography was normal (**figure1B)**. Meanwhile the patients referred worsening dyspnea and de novo low flow oxygen requirement. We then performed a chest computed tomography angiogram, ruling out pulmonary embolism and showing signs of bilateral pulmonary edema (**figure1C)**. The patient then showed favorable clinical course, with no dyspnea or oxygen requirement after 48 hours and was discharged. In the outpatient control, she was asymptomatic and her transthoracic echocardiogram did not show any alteration. Diagnosis of neurogenic pulmonary edema was considered as the cause of her dyspnea after ruling out other cardiac or pulmonary causes.