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CLINICAL ASPECTS AND PICTURE OF EPILEPSY

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ABSTRACT: Epilepsy is a chronic polyethiological disease of the brain, characterized by repeated (2 or more) spontaneous (unprovoked) seizures, which are caused by excessive hypersynchronous discharges of neurons in the cerebral cortex, and are manifested by sudden transient neurological dysfunction (disorders of motor, sensory, autonomic, mental or mental functions), as well as, almost always, impaired consciousness. More precisely, epilepsy is a whole group of diseases, or forms of epilepsy (syndromes) that have their own specific characteristics.

KEYWORDS: Edema, cardiogenic shock, renal and hepatic failure, intercurrent infections, thrombophlebitis, nausea, salivation.

INTRODUCTION

The auditory aura is characterized by the appearance of various sounds: noise, crackling, rustling, music, screams.

For the psychic aura (with damage to the parietal-temporal region), experiences of fear, horror or bliss, joy, a kind of perception of "already seen" is typical.

The vegetative aura is manifested by changes in the functional state of internal organs: palpitations, chest pains, increased intestinal peristalsis, urge to urinate and defecate, epigastric pain, nausea, salivation, a feeling of suffocation, chills, paleness or redness of the face, etc.

The motor aura (in case of damage to the sensorimotor area) is expressed in various kinds, motor automatisms: throwing back or turning the head and eyes to the side, automated movements of the limbs, which have a regular distribution pattern (leg - trunk - hand - face), while sucking and chewing movement. The speech aura is accompanied by the pronunciation of individual words, phrases, meaningless exclamations, etc.

With a sensitive aura, patients experience paresthesias (a feeling of coldness, creeping, numbness, etc.) in certain parts of the body. In some cases, with partial seizures, simple or complex, pathological bioelectrical activity, initially focal, spreads throughout the brain - with a secondary generalized seizure develops.

In addition, epileptic seizures are divided into the following subcategories:

- Absences are a type of seizure in which a person loses consciousness for 10-20 seconds. In this case, the brain seems to be disconnected from work, and the patient can freeze

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in mid-sentence. Additional symptoms of this condition are eyelid twitching, increased heart rate, and gesticulation. After the end of the attack, the person returns to his normal state;

- Myclonic seizures are accompanied by severe muscle cramps, tremors and twitching of the body. In this case, the patient can also throw his head back, draw his legs and fall on his knees.

THE MAIN FINDINGS AND RESULTS

In 50-60% of cases, status epilepticus develops within the framework of epilepsy, in other cases it is a consequence of organic diseases of the brain. It is more typical for secondary (symptomatic) epilepsy, in which it occurs 5-6 times more often.

There are 3 stages in the development of status epilepticus.

It is customary to divide status epilepticus into convulsive, if its picture is determined by convulsive seizures and non-convulsive - its clinical picture is formed by absences. The convulsive type of status is more important, since it can pose a threat to the life of patients in connection with violations of cardiac activity, respiration and homeostasis. The most dangerous is the status of tonic-clonic seizures. Status epilepticus is said when an epileptic seizure lasts more than 30 minutes or longer than this period, several paroxysms are observed, in the intervals between which there is no full recovery of consciousness. It is necessary to distinguish the status from serial paroxysms, in the pauses between which there is a complete or almost complete recovery of consciousness and a relative normalization of the patient's general condition (table 1.):

Table 1. - Clinical stages

initial	convulsive paroxysms are frequent and prolonged, but somatovegetative changes and disorders of consciousness in the interictal period are moderately expressed;
deployed	the duration of paroxysms decreases, but a deep coma remains in the interictal period;
terminal	Convulsions are absent, the patient is constantly in a coma, cerebral edema is increasing.

In the clinical course of convulsive status epilepticus, 2 phases can be distinguished.

In the first, compensatory changes occur, aimed at maintaining blood circulation and metabolism, in the form of increased blood flow, increased blood pressure, Tachycardia. Along with seizures, vomiting, urinary and fecal incontinence are observed.

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The second phase begins after 30-60 minutes and is marked by a breakdown in compensation. There is arterial hypotension, bradycardia, disorders of the somatic organs: respiratory failure, PE, heart failure, arrhythmia, acute renal failure, acute liver failure, etc. Against the background of increasing respiratory and vascular disorders, epileptic prostration sets in: the convulsions stop, the pupils are dilated, the mouth is half-open, gaze is indifferent. In this state, death is possible.

Non-convulsive status epilepticus is characterized by varying degrees of disturbance of consciousness. In absence status, the patient is detached and immobilized, which resembles a trance state. With the status of complex partial paroxysms, there is a change in behavior, confusion of consciousness, and signs of psychosis are possible. Such symptoms of a non-convulsive status epilepticus often lead to an erroneous diagnosis of the condition as a psychiatric pathology.

Convulsive status epilepticus can lead to bruises and fractures of the limbs. Its complications can be intracranial hypertension, cerebral edema, ischemic and hemorrhagic stroke, intracranial vein thrombosis, aspiration pneumonia, PE, pulmonary edema, cardiogenic shock, renal and hepatic failure, intercurrent infections, thrombophlebitis, etc.

CONCLUSION

In short, complications and consequences of epilepsy: The main complication of epilepsy is status epilepticus. This condition is characterized by a series of seizures following one after another, in the intervals between which the person does not regain consciousness. The constant generations of pathological impulses, as well as disorders that occur in the body during a seizure, quickly lead to the development of a serious pathological condition - cerebral edema. The second complication of an epileptic seizure is trauma.

First, a person who loses consciousness can fall on a hard surface, receiving a concussion.

Secondly, injury can occur when body parts get into moving mechanisms at the time of an attack.

Thirdly, loss of consciousness while driving a vehicle is fraught with an accident.

Cases of biting the tongue or cheeks during convulsive contraction of the jaws are common knowledge. Finally, with insufficient bone mineralization, super-powerful muscle contraction can cause muscle fractures. Until the 20th century, it was believed that epileptics develop a particular personality disorder. That is why, until very recently, psychiatrists were engaged in the treatment of this pathology. Now the fight against epilepsy has been transferred to neurologists, and the opinion about mental epileptic disorder has been revised. It is believed that personality changes are caused not by the disease itself, but by the attitude of others to the patient (the so-called "stigmatization"), his own feelings about some social restrictions.

REFERENCES

1. Balabanov. A.I. Lifestyle and non-drug treatments for epilepsy, Medical science and education of the Urals, 2015 –pp. 39-45
2. Belousov. Y.B. Clinical and economic evaluation of the effectiveness of treatment of patients with epilepsy // Qualitative clinical practice, 2017,

Published: September 30, 2021 | Pages: 21-24

No. 3. - p. 54-59. 7. Gekht AB. Quality of life of patients with epilepsy, Psychosocial rehabilitation and quality of life // Collection of scientific papers. St. Petersburg Research Psychoneurological Institute named after V.I. Bekhtereva, 2016, 137. – pp. 277-282

3. Gusev. E.I. Quality of life in epilepsy // Abstracts III scientific-practical conference "Problems of standardization in health care". Moscow: 2016. –p. 35

4. Zueva. GA Organization of specialized care for patients with epilepsy among the child population of the city of Tver. In the book: Proceedings of the conference "Actual issues of rehabilitation in neurology and psychiatry", Tver, February 27, 2018. Tver; 2014 –p. 19-20.

5. Alekseevna, G. T., Nabiyevna, M. Y., & Turgunovna, K. N. (2021). Efficiency of Microcurrent Reflexotherapy in Children with Autism Spectrum Disorders. Annals of the Romanian Society for Cell Biology, 4803-4813.

6. Kim, O., Madjidova, Y., Abidova, M., Hamidova, N., Abdullaeva, V., & Sattarov, T. (2021). Clinical-Neurological and neurocognitive indicators against the background of neuroprotective therapy in vertebro-basilar insufficiency in patients with symptoms of cerebral venous dyscirculation. Annals of the Romanian Society for Cell Biology, 315-323.