Course and prediction of status epileptic in the conditions of the Icu

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ABSTRACT

Status epilepticus (ES) is considered a neurological emergency. The clinical picture of SE can be varied and can occur at any age, but most often occurs in very young and old age [1]. Generalized status epilepticus, a form of epilepticus, common at a young age, is associated in most cases with the presence of a focus of damage to the temporal lobe.

Keywords: status epilepticus, EEG, adequate therapy, clinical manifestations.

Introduction. Seizures are usually time-limited events that do not require urgent intervention and do not cause any long-term consequences. An exception is the prolonged seizures known as ES [2] . The definitions of ES are based on the fact that most seizures are self-limiting . In this case, ES can be seen as a failure of the inhibitory mechanisms that usually end the seizure. Based on this concept, the definition of ES is based on the time it takes to intervene to stop a seizure [3]. This definition of ES was never based on a 30-minute interval, and all clinical trials and recommendations suggest that a 5-minute period is an appropriate time to intervene for seizures.

Target. Describe the course of epistatus with further intensive care in the intensive care unit.

Materials and methods. The retrospective and prospective study was based on the data of 18 patients with status epilepticus . The vast majority of patients were under the age of 28 years - 83.2%, the average age was 27.33±2.3 years. The EEG of 73.2±2.3 subjects is characterized by the presence of local low-amplitude beta activity or slowing (first in the theta and then in the delta range) of electrical activity bitemporally or locally in the temporal leads. The duration of epilepsy in the study group averaged 13.5±0.78 years. Clinical manifestations of patients were accompanied by: a change in consciousness 74.3±3.1; fever 56.2±1.3; hypoxia and structural pathological changes in the brain 84.1±2.1; muscle spasms 18.4±1.3. All examined patients had a verified diagnosis of epilepsy and were registered in a psychoneurological dispensary.

Research results. As a result of the study, it was revealed that the majority ignored the treatment of epilepsy, which in turn often led to the transition of development in patients with status epilepticus. The benzodiazepine group verzepam (mg/kg) 20 mg per day was used as a first-line drug , which is a safe, fast-acting and effective drug. The second-line therapy at the established stage consisted of the use of valproic acid (convulex) 500 mg 2 times a day. It is recommended to transfer the patient to adequate ventilator therapy and prescribe a barbiturate infusion, the choice fell on sodium thiopental (mg/kg) 2 g per day. For

the purpose of decongestant dehydration therapy was used 7.5% sodium chloride solution with the introduction of the osmotic diuretic mannitol. For the purpose of neuroprotection , citicoline and vitamin complex of groups B and C were used. Membrane stabilizing therapy potassium chlorine 4% - 20 ml + magnesium sulfate 25% - 5 ml + lidocaine 2% - 4 ml + sodium chlorine 0.9% - 20 ml. In addition to the above drugs, glucocorticosteroids, anticoagulants (heparin 20,000 units /day), gastroprotectors (omez 40 mg), and parenteral nutrition (proteinocer 6% - 500 ml) were used to assess individual indicators of patients.

Conclusion. Evaluation and treatment of SE should be individualized for each patient. In a patient with an existing diagnosis of epilepsy, levels of anticonvulsants should be obtained to determine compliance and possible future changes in dosage. It is recommended that all patients with epilepsy perform instrumental research methods (MRI, EEG) to identify pathologies and foci. The cause of the epileptic status , the age of the patient, and comorbidities all affect the outcome of the patient. In general, the mortality rate from epileptic status is 9-35% in adults, while in children the mortality rate is much lower. The highest mortality is observed in elderly patients, in > 70% of cases. This is probably due both to the high incidence of causes with a poor prognosis, such as stroke, myocardial infarction, and other forms of ischemic brain injury, and to the reduced ability of older people to tolerate changes in metabolic processes.

Treatment for SE should be started immediately to reduce morbidity and mortality, as prolonged seizures can cause permanent brain damage. At the level of fundamental science, it is necessary to continue the definition of the molecular and cellular pathogenesis of the epidemiological status .

References

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