

## EARLY EPILEPTIC SEIZURES FOLLOWING A HAEMORRHAGIC STROKE

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### Abstract

Hemorrhagic stroke(HS) is a significant risk factor for post-stroke epilepsy. According to the literature, 8.4% of patients with hemorrhagic stroke experienced seizures within the first 24 hours from the onset of a stroke, compared with other types of strokes

The aim of this study was to study the clinical features of the course of early epileptic seizures in patients with HS.

### Material and Methods

The study included 20 patients (14 men and 6 women) with HS aged 35-47 years (mean age 45.8 years) who were admitted to the Intensive Neurology Department of TMA. At the same time, hemorrhage in the left hemisphere was observed in 60% of patients, in the right hemisphere in 30%. In 10%, there was a breakthrough of blood into the ventricular system and the subarachnoid space of the brain, which was confirmed by computed tomography studies. All patients had epileptic seizures in the first 7 days from the onset of the stroke; early seizures. The diagnosis of epilepsy was based on a combination of clinical, electro neurophysiological and neuroradiological data. It was formulated in accordance with the recommendations of the ILAE (1989). Quantitative data were processed statistically.

### Results and Discussion

The etiological factors in the vast majority of cases were hypertension (in 45% of cases) and hypertension in combination with atherosclerosis (55% of cases). In 5 cases (25%), type II diabetes mellitus, controlled by diet and hypoglycemic drugs, was diagnosed as a concomitant diagnosis. In anamnesis, 16 (80%) patients had chronic smoking, 4 (20%) patients had alcohol abuse. The provoking factor in 80% of cases was emotional overstrain, in other cases - physical activity and alcohol intake. Most expressed complaints of severe headache, dizziness, nausea, vomiting, general weakness. Objectively, the most common symptoms were also a rise in blood pressure and an increase in temperature up to 48°C. There were no lethal outcomes. The examined patients were dominated by secondary generalized seizures - 45%, generalized seizures - 25%, focal seizures - 10%, simple partial seizures - 10%, complex partial seizures - 10%. Left-sided (60%) localization of focal activity prevailed.

In 30% of patients, the attacks were acute symptomatic, usually in the presence of motor or sensory disturbances or parenchymal lesions on CT or MRI. Seizures-harbinger were observed in 2 patients against the background of higher blood pressure. Attacks at the onset of stroke were observed in 60%, early attacks - in 40% of patients. Almost all seizures were

accompanied by high blood pressure and fever, worsening the overall condition of patients. Probably, in the acute period of a stroke, the hemorrhagic focus itself plays an important role as a source of epileptic activity, while in the later stages of brain damage, the development of epileptic seizures depends on other pathogenetic mechanisms.

## Conclusion

A temporal relationship has been established between the clinical manifestation of epileptic seizures in hemorrhagic stroke, with the predominance of secondary generalized and generalized seizures in the acute period of stroke, which depend on the location and size of the hemorrhagic focus.