Abstract

Symptomatic epilepsy at Stuger Weber Syndrom associated with metabolic disbalance: case report

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Introduction. Stuger Weber Sy is a neurocutan disease accompanied by an angioma on the face and the leptomeninges. The neurological symptoms include epileptic seizures, focal deficits and mental inferiority.

Aim: To present the influence of the metabolic disbalance over the frequency of the epileptic seizures at the symptomatic epilepsy associated to arterial-venal malformation at Stuger Weber Syndrom.

Material and methods: A 18 year old patient with a diagnosed, treated and controlled Epilepsia simptomatica associated to Stuger Weber hemangioma lat. sin. since the age of fourth month at which the seizures (generalized tonical-clonical) appear during sleeping, immediately after weakening-up and during weakness. The patient is set on phenobarbiton and pyridoxine, and at the age of 9 month he is given a clonazepam, but because of the frequency of the seizures since the age of puberty he is treated with phenytoin. The seizures are more frequent during infections.

Current disease. Present hospitality at the Neurological Clinique in Skopje due to the epileptical status in duration of 8 hours. The patient is brought at the Clinique for Infectious diseases- Skopje, where in the period of 7 days he is treated under diagnosis Cholecystopancreatitis acuta. The anti-epileptically therapy is disrupted. Somnolet, soporous, febrile at reception. A hemangioma on the left side of the face and the right hand is present. Neurologically present Quadriparesis pp hemiparesis lat. dex. spastic.

Para- clinical researches: Le 13,1 Fibrinogen 526 U/l, Potassium 3,0 mmol/l. Increased hepatalgic enzymes. Alpha amylases in serum 131 U/L. KT on the head: massive calcific arterial-venal malformation on the parietal occipital left. EEG: pathologically modified with epileptic outbreaks with single and multiple jags and sharp waves synchronous bilateral intermittent. RTG of lungs. Massive bilateral bronchopneumonia.

The patient is treated with parenteral antiepileptic, anti -edematosic, antibiotic and antipyretic therapy. Oral antiepileptic therapy is included: tabl.carbamazepin 2x400 mg, tabl. Clonazepam 2x2 mg and tabl. Phenbarbiton 1x100 mg.

Results: Chemogram and bio-chemistry: in the referent values. AED: carbamazepin 23 (17-50) mmol/l, phenobarbiton 120 (650-170) mmol/l. New epileptic seizures are not registered.

Conclusion: The epileptic seizures at the patient with Sy. Stuger Weber can become more frequent until an epileptic status due to the inadequate treatment of metabolic dysfunctions from infectious nature.