

5月23日(金) 13:40~15:20 第11会場(福岡国際会議場 5階 501)

## IS-09-2

### A 48-year-old male with epileptic seizures for 33 years



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Chief clinical manifestations: There are mixed types of seizures, including ones with complete loss of consciousness and even (focal or generalized) convulsions. However, seizures with convulsion are relatively scarce and have on average happened no more frequently than once a year<sup>2</sup>. On the other hand, most attacks are characterized by episodic psychomotor slowness of different severity and/or feelings of vacancy, typically happening 2 – 20 times a month and lasting for one to a few hours each time. Although neuroimage studies showed no definite cortical lesions, efficacy of seizure control was fluctuating with different combinations of antiepileptic drugs (AED). 6 months ago he was admitted because of extremely frequent and prolonged attacks for 7 days. Neurological examination at admission revealed slow but correct responses to simple questions and orders, frequent but very transient speech arrest, mild but definite imbalance in tandem gait test, and otherwise unremarkable findings. Electroencephalograms characterized by episodic bilaterally synchronized discharges and relevant data will be presented at the meeting.

Questions and points of discussion: The patient was on phenytoin 100 mg BID (serum level ~15 mg/ml), lamotrigine 50 mg 2 BID, levetiracetam 500 mg HS, and phenobarbital 30 mg TID (the medical records suggested a trend that seizures may increase with decreased use of phenobarbital) at admission. What would be the appropriate initial moves to adjust the AED? Are there any electrophysiological and pharmacological rationales underlying such moves, in contrast to a trial-and-error process?

Course and treatment: The patient soon achieved a seizure-free state both clinically and electroencephalographically after AED adjustment, which was also carried out subsequently in the outpatient clinic.

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#### 《略歴》

Education: M.D.  
Department of Medicine, National Taiwan University (1983)  
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Professional Experiences: Residency, Department of Neurology  
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