

SYMPTOMATIC EPILEPSY ITS TYPES, CAUSES, CURRENT COST OF DIAGNOSTIC AND TREATMENT.

Xodjiyeva Dilbar Tadjiyevna

Bukhara State Medical Institute

Xudoynazarov Haydarqul Soxibnazarovich

Termez branch of Tashket Medical Academy

Abstract: Epilepsy can manifest itself in different ways in each patient, which directly depends on the parts of the brain where the reaction occurs. Therefore, the symptoms are by their nature related to the functions that the brain department is responsible for, where we can talk about motor dysfunction, incorrect speech, imbalance in muscle tone, and mental disorders. . These symptoms can appear individually or in combination. However, the symptoms depend on the type of epilepsy the patient has. In this article, we will learn about the types of epilepsy, how it affects the human body, and how to treat it

Key words: Epilepsy, origin, types, genetic predisposition, causes, seizure, attack and its types, stupor, treatment.

Main part: Epilepsy refers to a brain disease characterized by chronic and recurrent temporary paralysis of brain activity, such as loss of consciousness, seizures, and behavioral changes, caused by transient abnormalities of the brain's nerve cells, resulting in excessive excitability. Nerve cells connected to each other in the brain exchange information through subtle electrical signals. When these normal electrical signals are abnormally or incorrectly emitted, a seizure occurs. Epilepsy is diagnosed in 5-10 people out of every 1000 people. 70% of epilepsy develops before the age of 20. The incidence rate is almost the same in men and women.

Causes: Causes of epilepsy include nutritional conditions during pregnancy, complications during childbirth, head trauma, toxic substances, brain infections, tumors, strokes, and degenerative changes in the brain. However, there are many cases where the exact mechanism of epilepsy is still unknown. Epilepsy can occur at birth or after birth.

Epileptic seizures can occur as a symptom of several serious brain diseases. In such cases, the disease causing the epilepsy is often problematic.

Representative diseases that cause epilepsy are classified according to age as follows.

- ① Infancy: perinatal brain injury, birth defects, hypocalcemia, hypoglycemia, metabolic disease, meningitis, encephalitis
- ② Infancy: febrile convulsions, perinatal brain injury, infection
- ③ School age: idiopathic, perinatal brain injury, trauma, infection
- ④ Adolescence: trauma, tumor, idiopathic disease, infection, stroke
- ⑤ Old age: stroke, brain trauma, tumor, degenerative disease

Similarly, the cause of epilepsy varies with age. If epilepsy occurs, the cause should be clearly investigated.

There are many types of epilepsy. However, in medical practice, all types of epilepsy are divided into 3 groups. These are:

- ✓ Symptomatic epilepsy - epilepsy developed due to some disease of the brain (tumor, meningitis, leptomenigitis, brain injuries and other factors).
- ✓ Idiopathic epilepsy - epilepsy in the origin of which the hereditary factor is important. Brain diseases are not detected in them.
- ✓ Cryptogenic epilepsy - epilepsy with no known cause. Epilepsy is diagnosed in such patients, but its causes cannot be determined.

Heredity: As in other nervous disorders, the genetic factor is also important in epilepsy. Until the 50s of the last century, the importance of the genetic factor in epilepsy was greatly exaggerated in most countries. Later scientific advances dispelled such a hypothesis. According to current statistics, if one of the parents suffers from epilepsy, the risk of having a sick child does not exceed 10%.

Symptoms: The most common symptom of epilepsy is a motor convulsive seizure. However, symptoms manifest in different ways. This is because unique functions vary by brain region and location.

If a seizure occurs in the area of the brain that controls hand movement, symptoms may include tremors in only one hand.

If you experience temporal lobe epilepsy symptoms, you may faint, temporarily lose consciousness, and lose your appetite. If it spreads to both sides of the brain, it can cause foaming at the mouth, stiffness throughout the body, and grand mal seizures. Seizures caused by epilepsy, depending on the affected area of the brain and its intensity, are manifested in different ways, from light blinking of the eyelids to strong shaking of the whole body.

Seizures begin suddenly. At the onset of an attack, the patient's face and limbs begin to pull on one side, and the patient lies in a heap. Breathing stops for a short time and the patient turns blue. At this time, he screams, bites his tongue. All the patient's muscles become stiff (tonic phase). This

period lasts an average of 1 minute. Sometimes less than 30 seconds. Then the shaking period of seizures (clonic phase) begins. In this case, the head and limbs begin to tremble.

The head is turned back and to the sides, the eyeball deviates to the top and to the side. In this case, the vibrations continue. Tremors last 2-3 minutes, during which the patient also urinates. The total duration of tonic-clonic seizures is 3-5 minutes. After attacks, the patient falls into a deep sleep within 2 hours. Do not wake him up. Headache after waking up.

Attacks at night are different. Some of the attacks may go like this. The patient suddenly wakes up with a severe headache, vomits, and gradually begins to have seizures with his eyes and head turned to one side. His face contorts, he drools and stutters. Sometimes he suddenly gets up from his lying position and sits down, makes movements with his legs as if riding a bicycle, or lies curled up. Sometimes he gets up and walks and after a while he stops, sometimes he leaves the house. These attacks usually last from 30 seconds to 2-3 minutes. Then the patient comes to himself, he does not remember what he did, sometimes he tells about his actions. In attacks that occur at night, the patient may bite his tongue, foam with blood from his mouth, and urinate.

Going to bed late and waking up early is dangerous for patients with epilepsy! The duration of sleep should not be less than 6-8 hours. After waking up in the morning, it is impossible to forcefully oversleep. Such patients sometimes have sudden daytime sleepiness, and this condition is called narcolepsy. A seizure that occurs due to the stimulation of a certain center of the brain is called a focal seizure. Focal attacks occur in the form of tremors in a certain area of the body, shaking of the head, seeing various things in the eyes, hearing different voices in the ears, sudden fear and pain in the abdomen. Their duration does not exceed 30 seconds.

The phenomenon of "seen before" or "never seen" is also typical for focal attacks, that is, the patient sees a place he has never seen as if he had seen it before, or places that he was very familiar with or lived in before now for the first time. It feels like seeing it.

Simple and complex focal attacks are distinguished. In normal focal attacks, the patient does not lose consciousness. In complex focal attacks, the patient loses consciousness. In complex focal attacks, automatic actions such as swallowing, chewing, stroking, clapping are observed in an unconscious patient. The duration of complex focal attacks is also about 30 seconds. After regaining consciousness, the patient is slightly numb.

Epilepsy and stupor

In epilepsy, stupor is observed in varying degrees, from simple inactivity to freezing. A frozen patient is mutism (failure to speak), but can repeat someone's words and actions.

Usually, the stupor lasts from a few minutes to several hours. During stupor, sudden active movements may appear, and the patient may throw things around and fight with others.

Stupor is usually observed after seizures, in which complete and partial amnesia (memory loss) also occurs.

Diagnostics

To determine the cause of epilepsy, first of all, when and how the seizure occurred, how the eyes and hands were during the seizure, how long the seizure lasted, how the patient reacted, whether the patient remembers anything. a survey will be conducted to determine whether . Magnetic

resonance imaging (MRI), electroencephalography (EEG) and positron emission tomography (PET) are then performed depending on the symptoms.

These tests are complementary tests that detect epileptic lesions, each of which has slightly different characteristics. Therefore, an abnormality may be confirmed in all tests, or an abnormality may be confirmed in only one of several tests. It is recommended to conduct several tests to make a correct diagnosis. In addition, depending on the patient's condition, additional tests may be performed.

① Treatment with drugs

- Classic anticonvulsants

Among the drugs widely used in the past are phenytoin (Dilantin, Hydantoin), valproic acid (Orphil, Depakine, Depakote), carbamazepine (Tegretol), phenobarbital (Luminal, phenobarbital) and clonazepam (Rivotril), Clobazamil (Sent), etc.

- A new anticonvulsant

Among the drugs developed or commercialized since the 1990s, many have properties that differ from existing anticonvulsants. They have less serious side effects and are superior in terms of drug interactions. Originally used as adjunctive drug therapy, it is increasingly being used as monotherapy. These drugs include topiramate (Topamax), lamotrigine (Lamictal), vigabatrin (Sabril), oxcarbazepine (Triptal), levetiracetam (Keppra), zonisamide (Exegran), and Pregava. These include Lin (Lirica), gabapentin (Neurontin), lacosamide (Laco Tablet) and perampanel (Pycompa).

- Use of anticonvulsants

The drugs used differ slightly depending on the type of epileptic seizure and epilepsy syndrome, so consult a specialist carefully before using them. Initial treatment usually begins with a single anticonvulsant drug. After that, the appropriate dosage is determined based on the response to treatment. In some cases, you can start taking a small amount and gradually increase the dose. If a satisfactory effect is not achieved even after increasing the dose to the maximum level, treatment should be carried out in combination with an anticonvulsant with a different mechanism of action or by switching to another anticonvulsant.

The appropriate anticonvulsant should be selected taking into account the type of epilepsy, the age of the patient, concomitant diseases, drug interactions with other anticonvulsants, and interactions with other drugs. In particular, all anticonvulsants can have side effects, so you should have preliminary information about them. If side effects or hypersensitivity reactions occur, you should contact your doctor immediately.

② Surgical treatment

Drug-resistant epilepsy that is not fully controlled with medication can be treated by surgically removing the brain tissue causing the seizures (epileptic focus). This removal process has been going on for about 50 years. Patients who can be treated with surgery are:

- Patients whose epilepsy is not controlled by medication

- Even if epilepsy is controlled with drug therapy, patients who require lifelong medication can be treated with surgery, and surgery is more beneficial than drug therapy

- because the cause of epilepsy is a brain tumor or cerebrovascular malformation, it is advisable to perform an epilepsy operation to prevent the risk of bleeding due to tumor growth or cerebrovascular defect.

Summary: The great American epileptologist V. Lennox said that "Active life is the antagonist of seizures." Experts say that epileptic seizures are more common in patients who lead a passive life, and less often in patients who engage in active mental and physical work. Therefore, limiting the physical and mental activities affecting the psyche of patients causes severe mental complications in them. This disease is a disease related to the field of neurology, there are many reasons for its origin, in this article I talked about the factors that cause the disease. It is an exaggeration to say that not only epilepsy, but also other diseases can be prevented if everyone is careful about their health and follows a healthy lifestyle. it won't be..

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