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BACKGROUND

Sudden onset of aphasia and hemiparesis often is due to stroke even if other etiologies might be considered as trauma, infection, intoxication, etc.

Ictal aphasia and hemiparesis as an expression of status epilepticus is uncommon.

HISTORY

We report the case of a 68-year-old right handed man whose past clinical history revealed hypertension and in July 2015 intraparenchymal cerebral hemorrhage in fronto-parietal left-side hemisphere. At that time, imaging had documented a parieto-occipital dural arteriovenous fistula on the same side, which was embolized. On February 2016 he had suffered a head trauma and hereto related subdural hematoma placed in left frontal hemisphere treated by drainage. After surgery the patient was reported to have a normal neurological examination.

CLINICAL PRESENTATION

Actually the patient was brought to the hospital by his family because few hours earlier, he had presented suddenly disturbances of speech and weakness of the right limbs. At the admission at our neurological department the patient appeared confused but alert and presented global aphasia and right hemiparesis with Babinski sign on the right. Brain imaging (CT and MRI) showed only signs of past events but was negative for acute stroke (Fig 1- 2.)

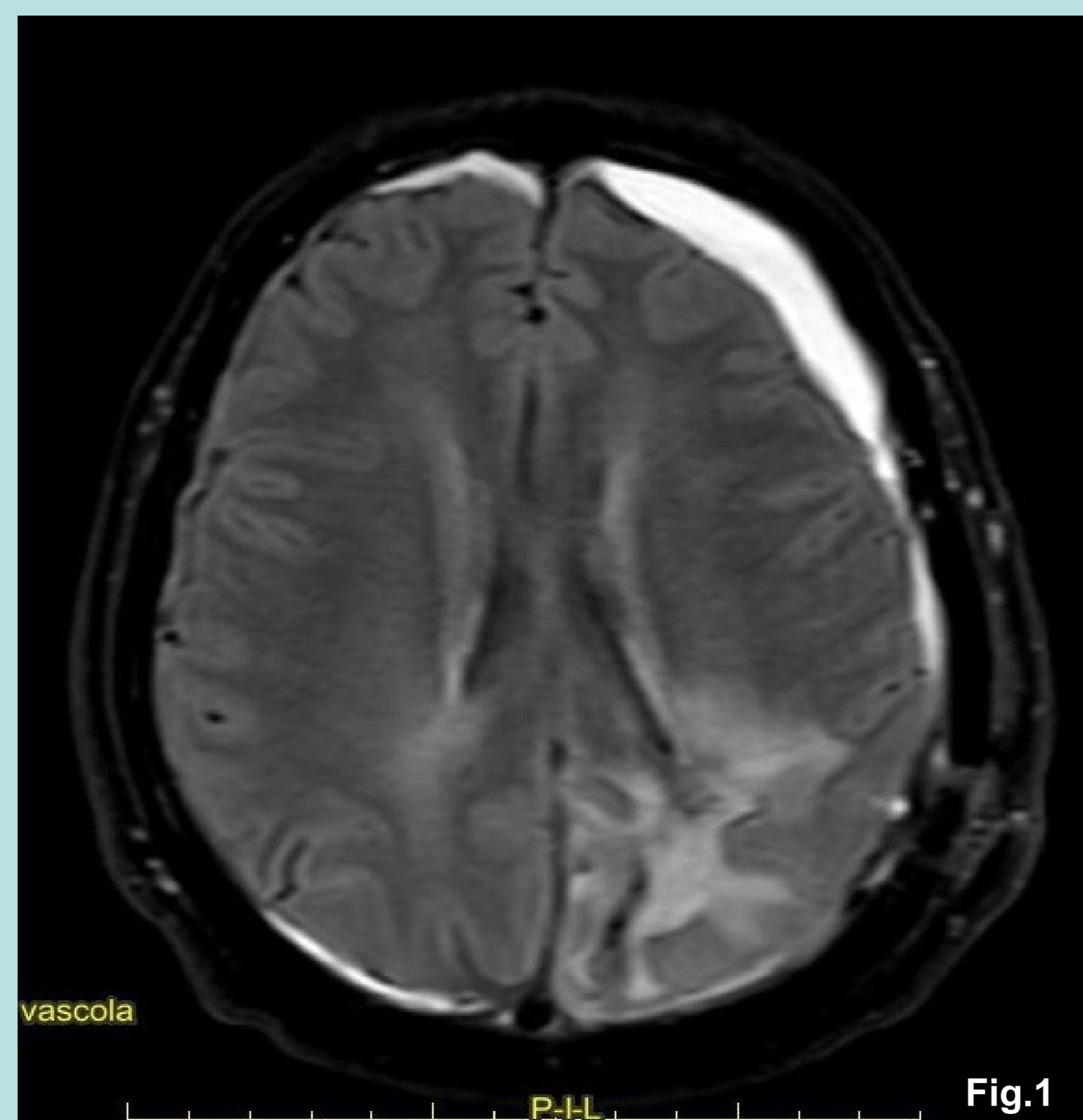


Fig 1-2 MRI showed

EPICRISIS

EEG showed waxing and waning pseudoperiodic generalized sharp waves and spike-and-waves with left fronto-temporal predominance. After 10 mg diazepam i.v. in divided doses, the EEG significantly improved and the patient fell asleep and therefore no further clinical examination could be performed (Fig. 3-4). Few hours later the aphasia and hemiparesis had improved markedly, and he was almost fully fluent. Therapy with carbamazepine and levetiracetam was introduced and the patient was discharged home one week later with no neurological deficit.

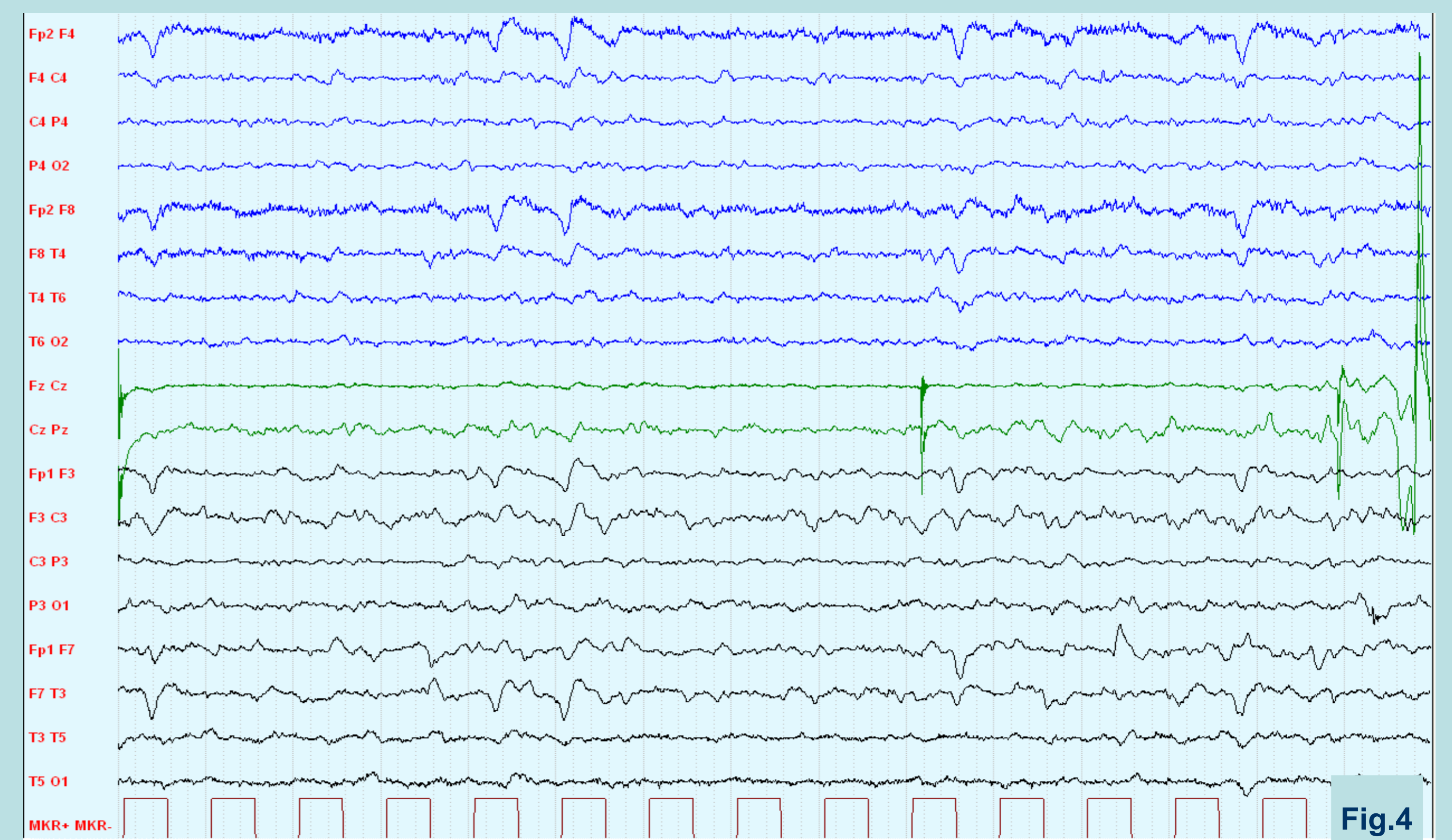
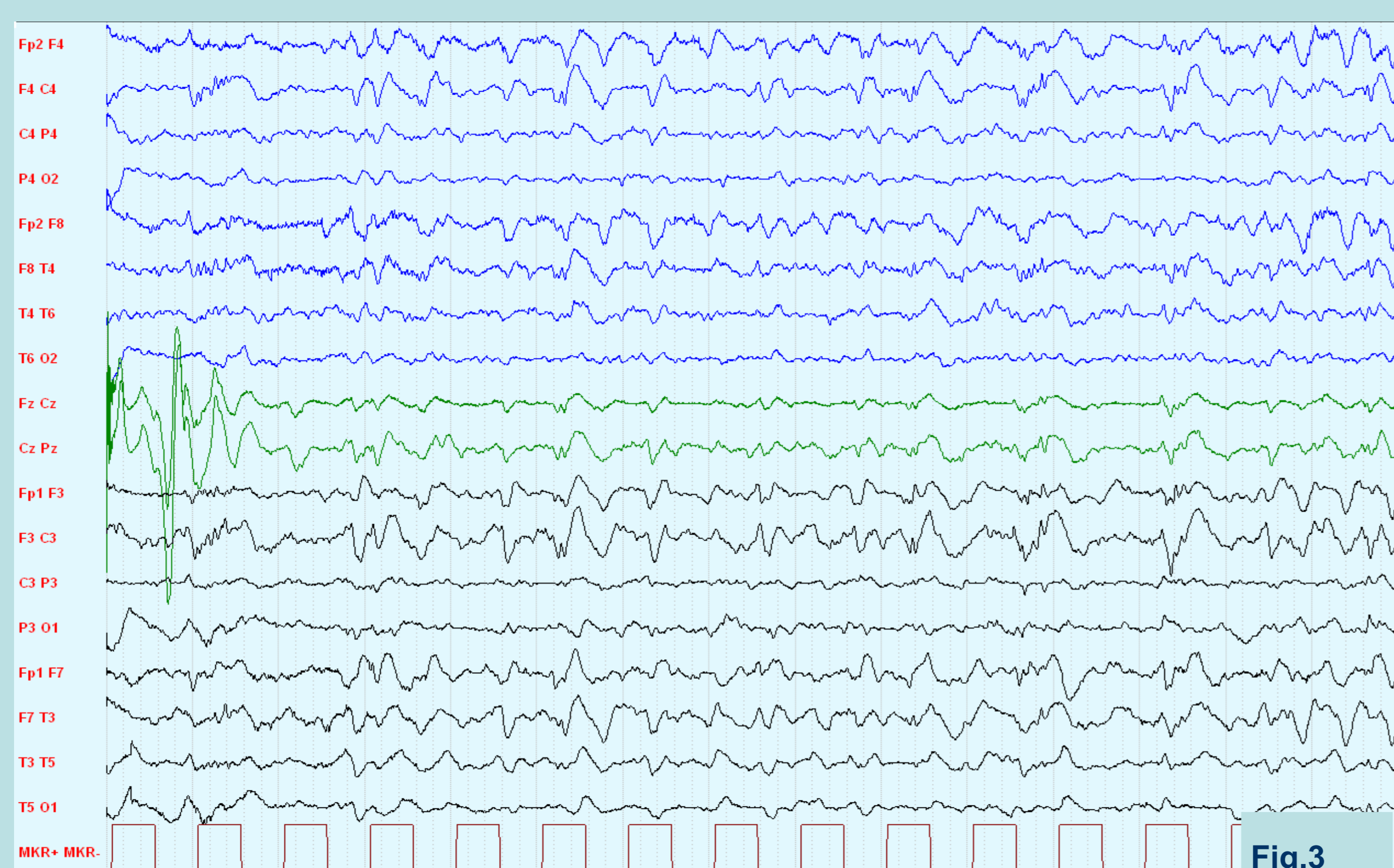


Fig 3-4 EEG modification before and after Diazepam administration

CONCLUSION

NCSE should be considered in diagnostic work-up in patients with enduring aphasia and hemiparesis even if with abrupt onset and EEG is crucial for the diagnosis.

REFERENCES

- Sandor B. et al., Unified EEG terminology and criteria for nonconvulsive status epilepticus. *Epilepsia*,54(Suppl.6):28–29,2013;
- Eric J. E. et al., Aphasic status epilepticus: Electroclinical correlation. *Epilepsia*,52(8):1452–1458,2011;
- Raoul S. and Peter W. K., The neurophysiologic types of nonconvulsive status epilepticus: EEG patterns of different phenotypes. *Epilepsia*,54(Suppl.6):23–27,2013.