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DIFFERENTIAL DIAGNOSIS OF PATIENTS WITH EPILEPSY

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Abstract: Status epilepticus is a state of prolonged seizure or recurrent seizures, in the intervals between which the patient's condition does not return to baseline. It is the result of failure of mechanisms responsible for termination, or initiation of mechanisms leading to abnormally prolonged seizures after time point t1 (time of onset of treatment), which may have long-term consequences after milestone t2 (time of onset of long-term changes) involving neuronal death, neuronal damage, and reorganization of neuronal connections. Time parameters: tonic-clonic status epilepticus t1 - 5 min, t2 - 30 min, focal status epilepticus t1 - 10 min, t2 - more than 60 min, absence status t1 - 10 - 15 min, t2 - unknown.

Key words: status epilepticus, sinocapal status, neurology, basilar migraine.

Introduction. Differential diagnosis is made with many neurologic and psychiatric disorders, as well as diseases of internal organs. Most often, epileptic seizures must be differentiated from psychogenic seizures and syncopal states. - A syncopal episode is defined as a brief loss of consciousness as a result of a transient decrease in cerebral blood flow. Such episodes last for a few seconds. Short-term tonic-clonic convulsions, involuntary urination and defecation (convulsive syncopal episode) may be observed. EEG in the prodromal period reveals diffuse high-amplitude slowing of activity, and with the appearance of tonic or clonic phenomena, an isoelectric EEG is recorded. - Psychogenic seizures should be assumed if their development in the patient is provoked by stress in the presence of others. Important signs are absence of effect from antiepileptic drugs, long duration (up to 15-30 minutes or even several hours), shaking movements of the head, jerky movements of the pelvis, arrhythmic muscle twitching, bilateral motor activity with preserved consciousness, flamboyant and aggressive behavior, crying. There is no post seizure stun after generalized tonic-clonic seizures. However, some of these symptoms (fancy complex automatisms, pelvic movements, etc.) may occur in patients with complex partial epileptic seizures due to foci in the frontal lobe and supplementary motor cortex. C Panic attacks - Cerebrovascular disorders: transient global amnesia - *Basilar migraine*

Diagnosis of epilepsy. - The history and objective examination play a major role in determining the type of seizure (generalized or focal epileptic seizure, psychogenic seizure, syncopal episode, etc.). The description of the aura (if present) and the seizure itself by eyewitnesses is important, as is the identification of focal neurologic symptoms. Sometimes it is useful to ask eyewitnesses not only to describe but also to simulate the seizure. Based on the results of the initial examination, the etiology and nature of the seizure can be inferred, and the necessary scope of examination can be determined. - Laboratory tests should include determination of serum electrolytes, basic renal and hepatic function

tests to rule out metabolic disorders, drug testing, and other tests necessitated by the history and examination findings.

If a syncopal episode is suspected, ECG and Holter monitoring are performed. More detailed examination may be necessary to diagnose cardiovascular pathology. - EEG during sleep and in the waking state using provocation methods (hyperventilation, photostimulation) and special electrodes. Outpatient EEG can be informative in patients with epileptic or pseudoepileptic seizures, as well as syncopal episodes with a seizure component. - Prolonged video-EEG recording may be necessary to confirm the diagnosis, analyze the type of epileptic seizure, and exclude psychogenic seizures.

The genetic group includes a large number of diseases, chromosomal and genetic,both monogenic and polygenic, in which epilepsy may be the onlymanifestation of the disease or it is part of the structure of the disease along with other symptom complexes. Hereditary epilepsies are a group of genetically heterogeneous diseases arising as a result of mutations in genes. as a result of mutations in genes, quantitative or structural rearrangements of chromosomes. B

Depending on the etiology, three main groups of hereditary epilepsies can be distinguished: Monogenic diseases and syndromes, chromosomal syndromes and multifactorial epilepsies. There are several groups of monogenic diseases, in the structure of the symptom complex of which seizures are noted of seizures: isolated monogenic epilepsies, monogenic syndromes and brain malformations, brain malformations, degenerative diseases of the nervous system, inherited diseases of metabolic diseases. Currently, more than 700 genes have been identified, mutations in which lead to the occurrence of monogenic seizures .Isolated monogenic epilepsies include groups of: early epilepticinfantile encephalopathies, myoclonus epilepsies of childhood and adolescence,generalized epilepsies with febrile seizures plus, benign febrile seizures temporal and frontal lobe epilepsies. Each of these groups includes several genetic variants due to mutations in individual genes.

The occurrence of epilepsies is also observed in patients with quantitative and structural chromosome rearrangements. Several hundred chromosomal syndromes have been identified, accompanied by seizures. A significant proportion of diseases also accounts for multifactorial epilepsies, arising from a combination of hereditary and environmental factors. Hereditary factors, in the form of polymorphisms in several genes, form a predisposition to the occurrence of seizures, which is realized under the influence of environmental factors (trauma, infections, infections, etc.). environmental factors (trauma, infection, stress, etc.). Establishing the etiologic factor of an inherited disease or syndrome is, in most cases, a difficult task, in most cases, is a difficult task, as it requires the use of various biochemical and molecular genetic methods of research. However, the detection of a gene or chromosomal rearrangement responsible for their occurrence is necessary not only to clarify the diagnosis, determine the nature of the course of the disease and the effectiveness of its therapeutic and surgical correction, but also to calculate the risk of giving birth to a diseased in an affected family and for planning preventive measures.

Conclusions: In summary, patients with complex partial epileptic seizures due to foci in the frontal lobes and supplementary motor cortex are often mistakenly suspected to have psychogenic seizures. In such circumstances, it is necessary to analyze the EEG during the seizure. - Sleep studies (polysomnography, etc.) may be necessary in some patients with suspected sleep disorders. - MRI should be performed in patients with partial and secondary generalized (symptomatic) epileptic seizures.

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