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Epilepsy-dementia

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Objective: To evaluate the relationship of epilepsy and seizures in dementia.

Materials: 17 patients among 42 recently dementia dealing patients, aged from 51 to 84 years old (median 67.7) who presented epileptic seizures following their cognitive decline were analyzed.

Results: In 40.47% among dement patients epileptic seizures occurred approximately seven years following ongoing dementia of a median 16 points on MMSE, which was unapplied in 24% of them whose had SE or mute cases. Female incidence slightly prevailed comparing to male (53%; 47%), while the inverse occurred regarding the city residence which dominate in whom coming from capital then from other cities. Their previous history revealed; HTA 65%, stroke and surgery 23% respectively, DM 18%, brain coincidental tumors 12%, smokers, alcoholic drinkers, primary headache, primary epilepsy in a MR patient before dementia appearance of equal happening with 6%. All had negative familiar history of seizures. Dementia begun initially with memory decline 41%, gait disorders or misbalance 24%, parkinsonism 6%, epilepsy in MR 6%, the remained 33% had no clear cut designation of signs onset between the precedents. Concerning seizures semeiology: GTCS 47%, PMS 24%, nocturnal GTCS 17% and CPS 12%. Dealing diagnosis were; 24% VaD, HPN, MCI, Alzheimer D of 17% respectively, while FTD, MSA, cerebral palsy, or alcoholic pseudo dementia equally attributed with 6%. EEG findings; bilateral anterior theta rhythm and bilateral anterior IEDs 24% respectively, BiPLEDS prevailed in left F, anterior unilateral ShW and BA slow diffuse equally reported with 12%, FIRDA, left PLEDS and lateralized slow asymmetry of BA plus IEDs of same 6% occurrence, while 6% were unexamined. Imaging evidenced; post-stroke and sub cortical atrophy 24%, T cortical lobe prevailing atrophy, atrophy with ventricular dilatation and sub atrophy of 17% respectively, diffuse cerebral and cerebellar atrophy 15%, hydrocephaly with atrophy 12%. Treatment AEDs; VPA 37%, GBP 25%, CBZ 19%, PHT 13%, in one case with alcoholic pseudo dementia who presented the first seizure no AEDs was proposed.

Conclusions: HTA was the most associated issue with epilepsy-dementia. GTCS prevailed with 64% among brand of seizures. The lead diagnosis in patients with epilepsy following dementia was that of vascular origin similarly affirmed at imaging as well. The mostly reported epileptiform findings had bilateral anterior preponderance with 48%, while the most used AEDs drug controlling seizures was VPA.

Biography

Danjela Ndoja is a 35 years old neurologist epileptologist working at the University Public Hospital Center "Mother Theresa" in Tirana Albania since 2011 graduated in Neurology in the University of Tirana Albania, and finishing the master of "Epileptology" at the University of Ferrara Italy 2012. Her extensive work as general neurologist dealing at emergency with stroke or acute seizures cases is caring the epileptic and dementia outpatients.

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