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Neurobiology of epilepsy and epilepsy case report

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Background: Wide treatment gap in epilepsy prevails in developing countries like Bhutan due to lack of awareness, stigma, shame, discrimination among patients and lack of adequate treatment services. It is estimated that less than 20 % (n=1000) of epilepsy patients (n=5000) in Bhutan are receiving treatment at present. Not much information on epilepsy are available.

Policy and Strategy: Bhutan has opted a policy of community-based epilepsy management through a strategy of using the existing primary health care infrastructure by training primary health care workers on epilepsy management and providing basic essential anti-epileptic drugs free of charge to patients.

Program Activity: Primary Health workers are trained to diagnose and treat epilepsy cases with limited anti-epileptic drugs. Difficult and complicated cases are referred to specialists at referral hospitals for confirmation of diagnosis and initiation of treatment. Majority of the patients are sent back to the primary health care for follow up and long term continuation of treatment.

Findings: Almost all the cases are screened by the only MRI Brain Scan Machine and two CT Scan Machines available at the two Referral Hospitals in Bhutan. Out of 1000 patients scanned, we found 170 (17 %) showed NCC in their brain. We are going to highlight this presentation by discussing the management of repeated re-infection of case of NCC with Epilepsy inspite of treatment.

Discussion: It is well known that NCC causes epilepsy and that NCC responds to anti-parasitic drugs like Albendazole. However, in one case that we observed, there was repeated re-infection or reemergence of NCC associated with recurrence of seizure in spite of repeated administration of Albendazole.

Conclusion: NCC is a significant contributor to epilepsy in the developing world and needs to be screened and treated.