

Lateralisasi semiologi bangkitan epileptik pada epilepsi lobus temporal mesial dengan sklerosis hippocampus = Seizure semiology lateralization in mesial temporal lobe epilepsy with hippocampal sclerosis

Hadet Prisdhiany, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20405365&lokasi=lokal>

Abstrak

[Latar belakang. Epilepsi lobus temporal (ELT) merupakan sindrom epilepsi paling banyak ditemukan pada orang dewasa, dimana sebanyak 2/3 berasal dari lobus temporal mesial. Penyebab umum yang sering ditemukan adalah sklerosis hippocampus (SH) dan kelainan ini seringkali refrakter terhadap pengobatan. Dengan anamnesis semiologi bangkitan epileptik yang baik dapat membantu mengetahui letak lesi dan bermanfaat untuk evaluasi persiapan bedah epilepsi. Tujuan penelitian ini adalah untuk mengetahui hubungan antara semiologi bangkitan epileptik yang diperoleh melalui anamnesis dengan sisi lesi pada pasien ELT mesial-SH.

Metode. Desain penelitian adalah potong lintang pada pasien ELT mesial-SH di Poliklinik Epilepsi RSCM. Kriteria inklusi adalah pasien ELT mesial-SH yang menunjukkan lokasi yang sama antara aktivitas epileptiform interiktal pada elektroensefalografi (EEG) dan letak SH pada magnetic resonance imaging (MRI). Dilakukan anamnesis pada pasien dan keluarga, mengenai bentuk bangkitan epileptik, kemudian dinilai kesesuaian antara semiologi dan sisi lesi.

Hasil. Didapatkan 45 subjek ELT mesial-SH yang memenuhi kriteria inklusi. Sebanyak 26 (57,8%) subjek dengan sisi lesi kanan dan 19 (42,2%) subjek sisi lesi kiri. Gambaran semiologi secara umum adalah aura sakit kepala (62,2%), automatisme manual (62,2%), automatisme oral (57,8%), perputaran kepala akhir (48,9%), dystonic posture (48,9%), aura epigastrium (42,2%), perputaran kepala awal (33,3%), dan aura rasa takut (26,7%). Terdapat empat gambaran motorik yang sesuai lateralisasi semiologi bangkitan epileptik. Automatisme manual dan perputaran kepala awal menunjukkan ipsilateral sisi lesi, sedangkan perputaran kepala akhir dan dystonic posture menunjukkan kontralateral sisi lesi.

Kesimpulan. Terdapat kesesuaian antara semiologi bangkitan epileptik berupa automatisme manual, perputaran kepala awal, perputaran kepala awal, dan dystonic posture dengan sisi lesi. Sehingga penting untuk menanyakan 4 gambaran klinis tersebut pada saat anamnesis bangkitan epileptik.;

Background. Temporal lobe epilepsy (TLE) is the most common epilepsy syndrome in adults which 2/3 originates from mesial temporal lobe. The most common etiology is hippocampal sclerosis (HS) and becoming drug resistant. Detail anamnesis on seizure semiology helps to know side of epileptogenic foci and evaluate pre epilepsy surgery. The objective of this study is to determine the concordance between seizure semiology based on anamnesis and side of lesion in mTLE-HS.

Methods. This was a cross sectional study involving patients with mTLE-HS in Epilepsy Clinic Cipto Mangunkusumo Hospital. Inclusion criterias were patients with mTLE-HS who have same side of interictal epileptiform activity based on electroencephalography (EEG) and HS based on Magnetic Resonance Imaging (MRI). Anamnesis were taken from patient and family member on seizure semiology. Then, concordance between semiology and side of lesion was analyzed.

Results. There were 45 eligible subjects of mTLE-HS patients. There were 26 (57.8%) subjects with left

side lesions and 19 (42.2%) subjects were right side lesions. Semiology features commonly found are sefalic aura (62.2%), manual automatism (62.2%), oral automatism (57.8%), late head turning (48.9%), dystonic posture (48.9%), epigastric aura (42.2%), early head turning (33.3%), and fear aura (26.7%). Four clinical motoric features have concordance in seizure semiology lateralization. Manual automatism and early head turning showed ipsilateral with side of lesion, whereas late head turning and dystonic posture showed contralateral side of lesion.

Conclusion. We found concordance between seizure semiology features of manual automatism, early head turning, late head turning and dystonic posture with side of lesion. Therefore, it was important to ask these features on anamnesis of seizure semiology., **Background.** Temporal lobe epilepsy (TLE) is the most common epilepsy syndrome in adults which 2/3 originates from mesial temporal lobe. The most common etiology is hippocampal sclerosis (HS) and becoming drug resistant. Detail anamnesis on seizure semiology helps to know side of epileptogenic foci and evaluate pre epilepsy surgery. The objective of this study is to determine the concordance between seizure semiology based on anamnesis and side of lesion in mTLE-HS. **Methods.** This was a cross sectional study involving patients with mTLE-HS in Epilepsy Clinic Cipto Mangunkusumo Hospital. Inclusion criterias were patients with mTLE-HS who have same side of interictal epileptiform activity based on electroencephalography (EEG) and HS based on Magnetic Resonance Imaging (MRI). Anamnesis were taken from patient and family member on seizure semiology. Then, concordance between semiology and side of lesion was analyzed.

Results. There were 45 eligible subjects of mTLE-HS patients. There were 26 (57.8%) subjects with left side lesions and 19 (42.2%) subjects were right side lesions. Semiology features commonly found are sefalic aura (62.2%), manual automatism (62.2%), oral automatism (57.8%), late head turning (48.9%), dystonic posture (48.9%), epigastric aura (42.2%), early head turning (33.3%), and fear aura (26.7%). Four clinical motoric features have concordance in seizure semiology lateralization. Manual automatism and early head turning showed ipsilateral with side of lesion, whereas late head turning and dystonic posture showed contralateral side of lesion.

Conclusion. We found concordance between seizure semiology features of manual automatism, early head turning, late head turning and dystonic posture with side of lesion. Therefore, it was important to ask these features on anamnesis of seizure semiology.]