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Immediate post traumatic status epilepticus with rare full neurological recovery: Case report

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Post traumatic seizure (PTS) activity is considered to be around 10% following acute TBI. Immediate post traumatic status epilepticus incidence however is not clear in the current literature, though it is thought to be from 1.9 to 8%. PTS is often missed and not fully recognized specially without eEEG monitoring, almost 50%, nevertheless status epilepticus is associated with a significant mortality up to 100%. Age of the patient and type of seizure among other factors are some major contributors of poor outcome. A case of 33 years previously healthy female brought to emergency department as a pedestrian hit by a speeding car while passing the street. Patient was brought vitally stable with GCS 12, the patient prior to be shifted to CT scan had a generalized tonic clonic seizure activity not responding to single dose of benzodiazepines. Subsequently, she had been intubated but the seizure activity didn't stop despite administration of further doses of benzodiazepines and second line of treatment as loading dose of phenytoin, surprisingly seizures persisted around 90 minutes despite all intervention up to propofol induction and continuous infusion. Initial CT head scan showed no intracranial injury or fracture noted. Her laboratory investigations were within normal limits. Later patient had been extubated with GCS 14 and regained her full consciousness after few days with excellent neurological recovery. She had EEG reported as diffuse slowing with no epileptiform discharges. MRI scans routinely done, small hyper intensities noted in the right centrum semiovale suggestive of non-hemorrhagic DAI. This is a case report of post traumatic status epilepticus with 100% neurological recovery.

Biography

Mohamed E Abbasy is currently working as an Emergency Medicine Clinical Fellow at Hamad Medical Corporation, Qatar. He successfully completed his Injury Prevention Research and Training Program at University of Maryland, School of Medicine, Maryland, USA. He has attended R Adams Shock Trauma Center, University of Maryland, School of Medicine, Maryland in 2008. He completed his training in Emergency Medicine and successfully awarded the fellowship of Egyptian Board of Emergency Medicine in 2009. He has a good experience of working in Gulf region and worked as an Assistant Program Director of Saudi Board of Emergency Medicine in Eastern region, KSA in 2013. He successfully passed his membership examination of Royal College of Emergency Medicine UK in 2014 and European Board of Emergency Medicine in 2016. His research interest includes Critical Care, Trauma and Emergency Ultrasound.

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