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Dormant and sub-clinical bacterial infections of brain may be the cause behind all Epilepsies including that due to post-traumatic or associated with space occupying lesion SOL

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As a neurosurgeon, I had an ambition to open unit for surgical treatment of epilepsy in our department like those in other parts of the world. I started my personal efforts to make myself more and deeper knowledgeable in this field. This maneuver yielded in interpretation of a fact that epilepsy simply is a Global Brain Dysfunction (GBD), the burden of it may be more in this or that part of the brain to be presented as a certain mode we term it with some known clinical entity. As results to this fact, epilepsy to be launched clinically it needs: A time to reach or exceeds certain threshold by this it had been called "idiopathic" and or it needs an added precipitating factors like head trauma by this it termed "post traumatic". This GBD has other potential (needs added factor like motion sickness) or overt central clinical signs and symptoms if we put them in our consideration this fact will become clear or explains why patients with epilepsy suffers from chronic head ache, vertigo, memory impairment, weakness in concentration and many others. In short, I want to say epilepsy is not the only one who sits on the sofa it over-rides the other manifestations both socially and clinically. Another fact, this GBD is a complication or secondary to a chronic general systemic illness GSI. Again, as a result to this fact, you may find 1 history of signs and symptoms referred to a systemic chronic or sub-acute infectious disease. The patient may had been treated for systemic review referring to a general chronic health problems. Thorough physical examination picks up what refers to some long standing sufferings however, mild. 4 investigations are of some controversy, like PCR in this study which is positive 33% for blood, 66% for CSF and 66% for tissue in 15 patients all had been treated successfully with anti-neurobrucellosis whom being diagnosed clinically according to the above criteria. So, we have two interdigitated diseases; neurobrucellosis and epilepsy, one disease is a complication to the other (epilepsy is a complication of the neurobrucellosis). What's new in this issue is, if we forget about the 15 patients with PCR study for Brucella as causation for epilepsy treated in Iraq, 2015. I had more than 100 patients over the period of 2006-2014 of all age groups and both genders treated in Iraq, Jordan and Libya for all what can be termed as modalities of idiopathic epilepsy (details for post traumatic and due to SOL in the full text), these patients either newly diagnosed by me or come with different anti-epileptic/s but uncontrolled, not forgetting a boy of nine years old presented to my private clinic with a troublesome un-controlled grand mal in spite of the three anti epileptics in maximum doses. I say those 100 patients had been treated depending on the above criteria for neurobrucellosis as a cause for their seizure modalities with excellent success whatever the duration of their affection. This was prior to PCR era at least in the afore mentioned countries. The group with no antiepileptic/s starts to have a noticeable gradual improvement over the beginning 10-15 days both quantitatively and qualitatively (with care for precipitating factors). While those come already on antiepileptic/s but uncontrolled, they kept on their regimens and withdrawn gradually as they getting better on the same upper principle. Due to the poor long lasting follow up. Only 30% witnessed their full recovery until these words being written, May 2015. In conclusion; epilepsy, if we put the above facts in our consideration, we find that epilepsy is one manifestation of a chronic systemic infectious disease, the others are precipitating or co-factors, in my career this chronic systemic disease is mostly chronic Brucellosis.

Biography

Abbas Alnaji completed his Degree in Neurosurgery FICMS NS from University of Baghdad 1999. He is interested in research work and have twelve papers published in the field of Surgical Pathology Causations.

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