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Three concomitant seizure etiologies in a single brain tumor patient: Clinical reasoning case**Kiran Grant**

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In medicine, we are trained to consider a common denominator in a unicist scenario to account for several concomitant symptoms, especially in young patients. Patients diagnosed with either neurologic or oncologic conditions are prone to various comorbidities resulting from their initial diagnosis. Even in the case of young adults, we need to investigate a broader range of possibilities. We present the case of a young man in his early 30s, diagnosed and treated several years prior for a low-grade glioma (primary brain tumor), consulting for seizure recurrence. The main Ambition of seizures initially when his oligodendroglioma was first diagnosed however the tumor is stable on imaging for several years. Three different seizure types are documented in detail. Even if the presence of a low-grade glioma could explain by itself the seizure recurrence, the thorough symptom description and evolution lead to a different hypothesis. This case emphasizes the importance of a good clinical history and research of pertinent details in neuro-oncology patients to reach a prompt and accurate diagnosis. This case describes how three independent “seizure types” surprisingly occurred in a single patient. We threw light on three concomitant etiologies: Glioma-related seizures, pseudo-seizures and metabolic tonico-clonic generalized seizures resulting from a malignant insulinoma. The goal of this presentation is to trigger interest about the field of neuro-oncology. The patient described signed a written consent, confirming his agreement to have his history presented for academic/teaching purpose.

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