Opinion
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Awareness about Temporal Lobe Epilepsy

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Opinion

Temporal lobe epilepsy (TLE) is a chronic nervous system disorder that originates in the temporal lobe of the brain and is characterized by recurrent, un induced focal epilepsy that lasts about 1 to 2 minutes. TLE is the most common type of focal epilepsy. Focal epilepsy of the temporal lobe can spread to other areas of the brain if it can be the focus of bilateral epilepsy. TLE is diagnosed by medical history, blood tests, and brain imaging tests. There are several possible causes: B. Head trauma, stroke, brain infection, structural lesions of the brain, or brain tumor, or the onset may be unknown. The front line of treatment is anticonvulsant drugs. Surgery may be an option, especially if the brain is abnormal. Another treatment option is electrical stimulation of the brain via an implantable device called the Vagus Nerve Stimulator (VNS).

More than 40 types of epilepsy are known and can be divided into two major groups: focal epilepsy and systemic seizures. Temporal lobe epilepsy (TLE) is the most common type of localized seizure. The International League against Epilepsy (ILAE) recognizes two major types of temporal lobe epilepsy. It is mesial temporal lobe epilepsy (MTLE) that occurs in the hippocampus, Para hippocampal gyrus, and Amigdara, which are located medially (medially) in the temporal lobe. Temporal lobe and temporal lobe epilepsy (LTLE), a rare type that occurs in the neocortex on the lateral (lateral) surface of the temporal lobe. LTLE seizures are characterized by auditory or visual features. Autosomal dominant temporal lobe epilepsy (ADLTLE) is a rare hereditary disorder that is often associated with mutations in the LGI1 gene.

Focal impaired awareness seizures

A localized disorder attack is a seizure that affects consciousness to some extent. They change a person's ability to interact normally with their surroundings. They usually begin with a localized conscious seizure that then spreads over most of the temporal lobe, causing impaired consciousness. They can include autonomic and psychological features that are present in locally conscious seizures.

Signs may include:

• Motionless staring

• Automatic movements of the hands or mouth

• Confusion and disorientation

• Altered ability to respond to others, unusual speech

• Transient aphasia

These seizures usually have warnings or precursors before they occur, and when they do occur, they usually last only a minute or two. Post-seizure confusion can last for hours or even days, but it is not uncommon for a person to get tired or confused for up to 15 minutes after a seizure. Although it does not appear to be harmful, it usually does not reach out and can be very harmful if left alone around dangerous goods. For example, if a person with complex partial epilepsy drives alone, it can end up in a ditch or, worse, cause an accident with multiple people. Some people of this type are unaware that they have a seizure. In most cases, the memory is erased immediately before or after the attack. First aid is only needed if you are injured or if this is your first attack.

Focal to bilateral seizures or generalized seizures

The word Grand Maru comes from French and means serious suffering. Seizures that begin in the temporal lobe and spread to both hemispheres of the brain are known as localized to bilateral. If half or the entire brain is affected first, these seizures are known as systemic seizures and can be tonic-clonic seizures. The arms, torso, and legs stiffen either in a bent or straight position (tonic phase) and then jerk (clonic phase). These were formerly known as major seizures.

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