

## Epilepsy Journal, Volume 4, Issue 4

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## **Editor's Note**

Epilepsy refers to a spectrum of neurological disorders characterized by recurrent episodes of unpredictable and unprovoked epileptic seizures that can vary anywhere from brief and barely undetectable to long and protracted with vigorous convulsion. It is the fourth most frequently encountered neurological disorder and affects individuals of all ages. Epileptic seizures can affect the patient's safety, relationships, work, and much more. However, it is the stigma associated with the condition in many countries of the world that severely impacts the quality of life of individuals with epilepsy and their families. Since epilepsy disrupts the brain activity, its effects can potentially trickle down to affect just about any part of the human body. Epilepsy Journal is a peer-reviewed, open access journal that publishes manuscripts dealing with all aspects of epilepsy. Articles published in the journal survey and comment on all the latest research and developments in the field. Topics are drawn from a wide variety of fields, including clinical neurology, neurophysiology, neuropsychology, neuropsychiatry, neuropharmacology, neurosurgery, and neuroimaging. This issue of the Epilepsy Journal in Volume 4, Issue 4 deals with some interesting issues such as haloperidol toxicity induced epileptic seizures, the clinical trajectory of West Syndrome, and the role of consanguinity and family history in epilepsy. Salim [1] presented a rare case of pediatric haloperidol toxicity that involved manifestation of seizures, hypertonia, and elevated blood pressure. Activated charcoal was administered to adsorb the ingested drug and fosphenytoin was administered to repress a second wave of seizures. When the hematological tests and electrocardiogram did not indicate any abnormalities, the patient was started on promethazine and trihexyphenidyl. This treatment successfully stabilized the patient. Fatema et al. [2] followed up 70 infants with the West Syndrome, a severe form of epilepsy during early infancy. Towards this, patients were started either on Vigabatrin (Tuberous sclerosis patients) or ACTH (non-Tuberous sclerosis patients). The change in the EEG was recorded at each follow-up. At the first visit, hypsarrhythmia was observed in 85% of the infants. By the time of the second visit (2 weeks after the first visit), hypsarrhythmia was observed in 28.6% of the

infants, modified hypsarrhythmia was observed in 57% of the infants, and multifocal discharges were observed in 10% of the infants. However, a shift towards multifocal discharges was observed by the third visit (6 months after the first visit). Thirty percent of the patients were completely seizure-free at 6 months follow-up, with 67% of these manifesting a normal EEG pattern. Sallam et al. [3] investigated the role of consanguinity and family history of epilepsy in Yemeni epileptic patients. The results revealed that family history was a key factor in the development of epilepsy in 40% of the patients, while parental consanguinity was responsible for the development of epilepsy in 49% of the patients. Furthermore, it was found that the age of onset of the first episode of epilepsy in the <1-5 years age group patients who had a family history of epilepsy and had parental consanguinity, was significantly high. Using a multiple regression model, the authors found an independent correlation between epilepsy, family history of epilepsy, consanguinity of parents, and asphyxia at birth. The authors conclude that a family history of epilepsy and parental consanguinity increases the incidence of epilepsy, especially during early childhood. Thus, this issue of the journal has introduced some interesting insights in the epilepsy landscape, such as management of epileptic seizures that arise as a result of haloperidol toxicity, a shift towards multifocal discharges from hypsarrhythmia during the trajectory of the receding West Syndrome, and establishment of family history and consanguinity as a key factor in predisposing an individual to experiencing epileptic seizures.

## References

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