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Seizure de novo in elderly patient

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Personal History: Intolerance to metformin. Independent for ADL. Hypertension, dyslipidemia, type 2 diabetes, hyperuricemia, moderate CKD. Under treatment with linagliptin, omeprazole, allopurinol, atorvastatin, lisinopril.

Anamnesis: 74 year old man moved by ambulance per episode of one minute longer tonic-clonic seizure activity de novo at home while lying, witnessed by his wife, with stiffness and conjugate deviation to the right look. Upon arrival of the ambulance, postcritical patient prone to sleep, so he moved to the hospital. During the transfer, new similar episode. His family denies symptoms during the previous days.

Physical examination: sedated patient. Generalized hypoventilation. Miotic pupils, mobilizes the 4 limbs, other non-assessable neurological examination. Rest of exploration: no significant findings.

Complementary tests: Analytical unchanged. Rx chest without findings. CT scan: a mass of 3.9x2.7cm left parietal-occipital seen with significant perilesional edema compressing the ipsilateral dorsal horn of the lateral ventricle, without sources of bleeding.

Diagnosis: Intra-axial mass lesion left parietal area. Seizure de novo.

Evolution: during admission, the patient is hemodynamically stable, staying awake after spending effect of sedation and talking coherently. Neurosurgery is discussed if, after assessing the patient who recommends consultation with Internal Medicine for admission on their part and extension of study during the same with new imaging (MRI skull and thoraco-abdominal CT scan) to rule out possible secondary metastases primary tumor in another location.

Conclusion: the occurrence of seizures in elderly patients with no history of epilepsy, forced to do study to screen for the presence of stroke or LOE, which can manifest in this way.

Keywords: seizure, space-occupying lesion, elderly patient