

data showed focalized slow spike – wave: theta waves right F – C – T and T posterior spike. Hyperventilation has induced F bilateral extension, without secondary generalization. Photic stimulation test maintains focalized epileptic activity. Lamotrigine was initiated in increasing doses reaching the therapeutic dose – 200 mg/24 hours. Epileptic seizures have not recurred. Free period of seizures - 3 years with antiepileptic treatment. EEG and cerebral MRI monitoring were performed regularly, once a year over the last 3 years. Cerebral MRI did not reveal adjacent lesions. EEG showed the disappearance of sharp waves and the persistence of slow F – C right waves.

Conclusions. According to the literature data, the seizures could repeat at any time, i.e. over 5 years or 10 after the stroke. In the 3-year period without seizures probably there was no transformation of a structurally damaged brain into an epileptic one. The last definition of epilepsy by R. Fisher confirmed that one epileptic seizure cannot be epilepsy. The severity and location of the infarction advocates a vascular epilepsy, not epileptogenic foci.

Key words: stroke, seizures, antiepileptic drugs

19. TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA – A DIFFICULT CHOICE FOR SEVERE COMPLICATIONS: A CASE REPORT

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Background. Chronic lymphocytic leukemia (CLL) is the most common form of adult leukemia in the western European countries and is characterized by the relentless accumulation of monoclonal B cells with the appearance of small mature lymphocytes and with a characteristic immunophenotype. Even with the right treatment, this disease is known to have a variable course: some patients die within one year after diagnosis while others live for longer than ten years.

Case report. A 59-year-old female with a past medical history of ischemic cardiopathy and hypothyroidism was admitted to the Haematology Unit of Mures County Emergency Hospital with severe anemia, chronic fatigue and leukocytosis. After the anemia was corrected, the diagnosis of chronic lymphocytic leukemia was confirmed by complete blood count and immunophenotyping for which the patients was only observed for 2 years. Due to the secondary severe anemia the treatment with Fludarabine is started as monochemotherapy first line treatment. After one month the patient is hospitalized with severe anemia with Coombs' test positive for which methylprednisolone is administered for one week and COP chemotherapy is induced. Because of the gastrointestinal side effects, the COP chemotherapy is ceased and Fludarabine treatment is reintroduced. The treatment is continued for one year but the multiple side effects (hemolytic anemia, herpes zoster, Listeria meningitis) determined cessation of Fludarabine and Chlorambucil treatment was introduced. The treatment with Chlorambucil was continued for 3 years. Even though the patient supported well the treatment, the splenomegaly has progressively increased (from 3 cm to 8 cm) and the infectious diseases appeared (Acinetobacter pneumonia and pharyngeal candidiasis).

Conclusions. Even though the treatment is accordingly to the actual international guides, the individual responsibility to the drugs and the unpredictable evolution of this disease may be a challenge in treating chronic lymphocytic leukemia.

Key words: chronic lymphocytic leukemia, treatment, drug selection, side effects

20. FORENSIC ASPECTS OF NON-TRAUMATIC INTRACEREBRAL HEMORRHAGE: A CASE REPORT

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Background. Cases when unexpected death occurs, when the patient is in apparent health or the event comes during presumably normal activity, especially when it is unwitnessed or when the victim is found without apparent signs of foul play, may pose a significant challenge to the coroner in reaching a proper determination of the cause and the manner of death. Spontaneous intracerebral hemorrhage (ICH) is a bleeding into the parenchyma of the brain and accounts for approximately 10 % to 20 % of all strokes. ICH is a multi-factorial disease caused by several interacting and overlapping risk factors and etiologies. When massive ICH, not connected with head trauma, has occurred, and it is multifocal or not located in one of the typical sites for hypertensive hemorrhage, one of a multitude of other causes must be suspected. High alcohol intake increases the risk of all stroke subtypes and of the development of liver diseases and may induce hypertension, by affecting brain function and producing a series of alcohol-related or alcohol caused diseases and is associated with changes in the coagulation system. Liver cirrhosis is a well-known risk factor for ICH, due to impaired coagulation, despite the relatively rare occurrence of ICH in cirrhotic patients.

Case report. The authors report a case of a 48 years old man, who was admitted in the Neurosurgery Department, being found in the street, with a present state of consciousness, presenting aphasia, right hemiplegia. The first computer tomography revealed left side temporal-parietal-occipital intracerebral hematoma of 52/20/45 mm, postcentral intergyral subarachnoid hemorrhage, and cerebral atrophy. On the second computer tomography, the lesions underwent moderate resorption, and a conservative treatment for ICH was chosen. After 28 days from the admission in the hospital, the patient died, due to a cardio-respiratory arrest. The release diagnosis was: Left Side parietal-occipital intracerebral haematoma. Right hemiparesis. Hepatic encephalopathy. Mixed decompensated alcoholic liver cirrhosis. Scleral and tegumentary jaundice. Ascites. Hypersplenism. Severe thrombocytopenia. Hypoalbuminemia. Bronchopneumonia. Schizophrenia. The body was brought for autopsy at the Iasi Forensic Institute. The necropsic examination revealed: right side occipital epicranial hemorrhagic infiltration, a left side parietal-occipital lobe blood collection, cerebral oedema, pachypleuritis, bronchopneumonia, ascites (5 liters), cirrhosis, and splenomegaly.

Conclusions. Proper documentation of injuries, along with history of the case, has a huge importance in reaching a conclusion on both the cause and the manner of death. In this case, the absence of external head injuries, the absence of underlying brain lesions that would be suggestive for a head trauma, the presence of risk factors for primary non-traumatic ICH, make a context in which the case may be properly interpreted.

Key words: Head injuries, intracerebral hemorrhage, case report.

21. FOSTER KENNEDY SYNDROME AS AN INITIAL PRESENTATION OF NEUROFIBROMATOSIS TYPE 2: A CASE REPORT

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