



# THE "DUAL DIAGNOSIS" OF PHARMACORESISTANT EPILEPSY AND **PSYCHOGENIC NON-EPILEPTIC SEIZURES. CLINICAL CASE** Vasilieva Maria<sup>1</sup>, Dmitriev Iulia<sup>1</sup>, Bejenari Aliona<sup>1</sup>, Aftene Daniela<sup>1</sup>, Gorincioi Nadejda<sup>2</sup>, Groppa Stanislav<sup>1</sup>.

Introduction

According to the ICD-10, psychogenic nonseizures (PNES) are classified as dissoc disorders [1]. Patients with drug-resistant ep at higher risk of developing PNES, which diagnosed in 20-30% of patients with drugepilepsy [2].

amplitude time constant lownass view notch winstyle montage				
amplitude 70 μV/DIV time constant 0,1 s lowpass 70 Hz view 30 mm/s notch On winstyle VIDEO 7 montage 16.1 3/14   Analysis 70μV/DIV 70μV/DIV 70μV/DIV Spike(1)   Tr Fp1-F Manufacture Spike(1)   Manufacture Spike(1)   Manufacture Manufacture		<b>Clinical Features</b>	ES	PNES
		Age of onset	All ages	All ages, 15-25 most common
		Sex	No clear difference	F:M 3:1 ratio
I CAPA MAY MANA MAY MANA MANA MANA MANA MANA		Length of ictal	< 70s (< 2 min for tonic-	> 10 min
		events	clonic seizures)	
		Seizure patterns	Stereotypical and	Non-stereotypical, less
			organized progression	organized spatial patterns,
	Fig. 1			variable rhythmicity and
	Seizures			amplitude movements
	onset	Reactivity during	Restricted or no clear	+
amplitude time constant lowpass view notch winstyle montage 200 µV/DIV 0,1 s 70 Hz 30 mm/s 0n VIDEO 7 ⊽ 16.1 3/14 Analysis		attack	reaction	
	I	Vocalization	At the beginning	Can fluctuate
		Incontinence	Frequent	Occasional/rare
		Pupillary response	Not normal	Normal
		Eyes	Open	Closed
18220026.mp4		Clenching of the	During tonic phase	Does not occur during tonic
		jaw		phase
		Injury	Common, tongue biting	Uncommon, tongue bite
	Fig. 2		lateral	usually midline
	Seizures	Postictal headache	+	_
References		Amnesia	Common	Variable, sometimes conscious
1. Asadi-Pooya AA. Psychogenic nonepileptic seizures: a concise review. Neur	ol Sci. 2017			during seizure, rapid return to
Jun;38(6):935-940. 2. Scévola L, Teitelbaum J, Oddo S, Centurión E, Loidl CF, Kochen S, D Alessio	o I. Psychiatric			consciousness
disorders in patients with psychogenic nonepileptic seizures and drug-resistant e	•	Psychiatric history	Occasionally present	Commonly noted
of an Argentine population. Epilepsy Behav. 2013 Oct;29(1):155-60 3 Anzellotti F. Dono F. Evangelista G. Di Pietro M. Sensi SI. Onofri M. Psyc	hogania Nagari	lantic Coimmes and Decide F	Ofrectory Enilongy a Management Cl	allange Erent Neurol 2020 Inc 2.11.161

3 Anzellotti F, Dono F, Evangelista G, Di Pietro M, .., Sensi SL, Onofrj M. Psychogenic Non-epileptic Seizures and Pseudo-Refractory Epilepsy, a Management Challenge. Front Neurol. 2020 Jun 2;11:461... 4. Hopp JL. Nonepileptic Episodic Events. Continuum (Minneap Minn). 2019 Apr;25(2):492-507.

# CONFERINȚA ȘTIINȚIFICĂ ANUALĂ cercetarea în biomedicină și sănătate: calitate, excelență și performanță

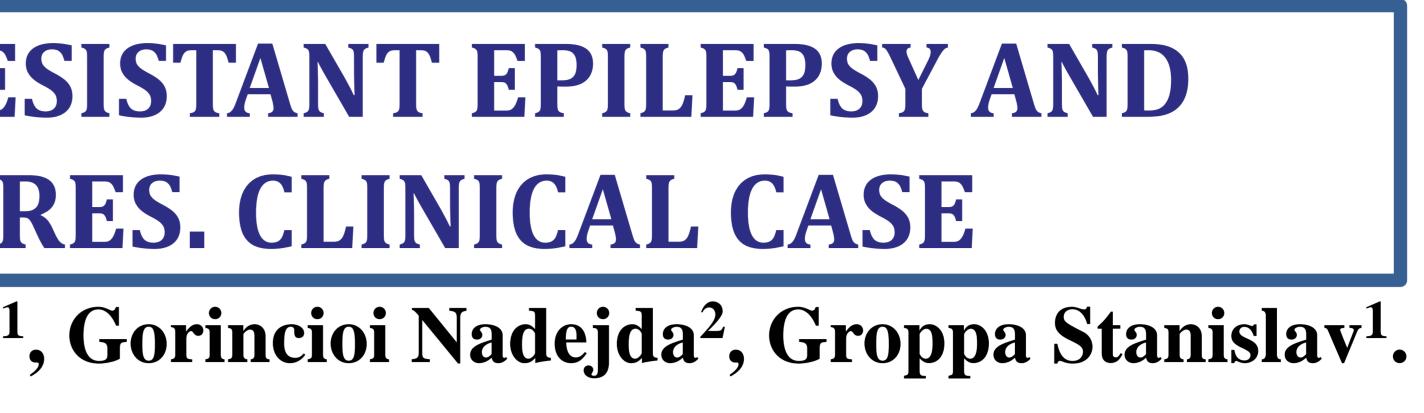
## **Material and methods**

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-resistant		

Case of a 42-year-old patient, with epilepsy from the age of 13, suspected of being drug-resistant on polytherapy with Carbamazepine 1200 mg/day, Levetiracetam 3000 mg/day and Topiramate 50 mg/day.

**Clinical features of ES vs PNES** [3,4]





### Results

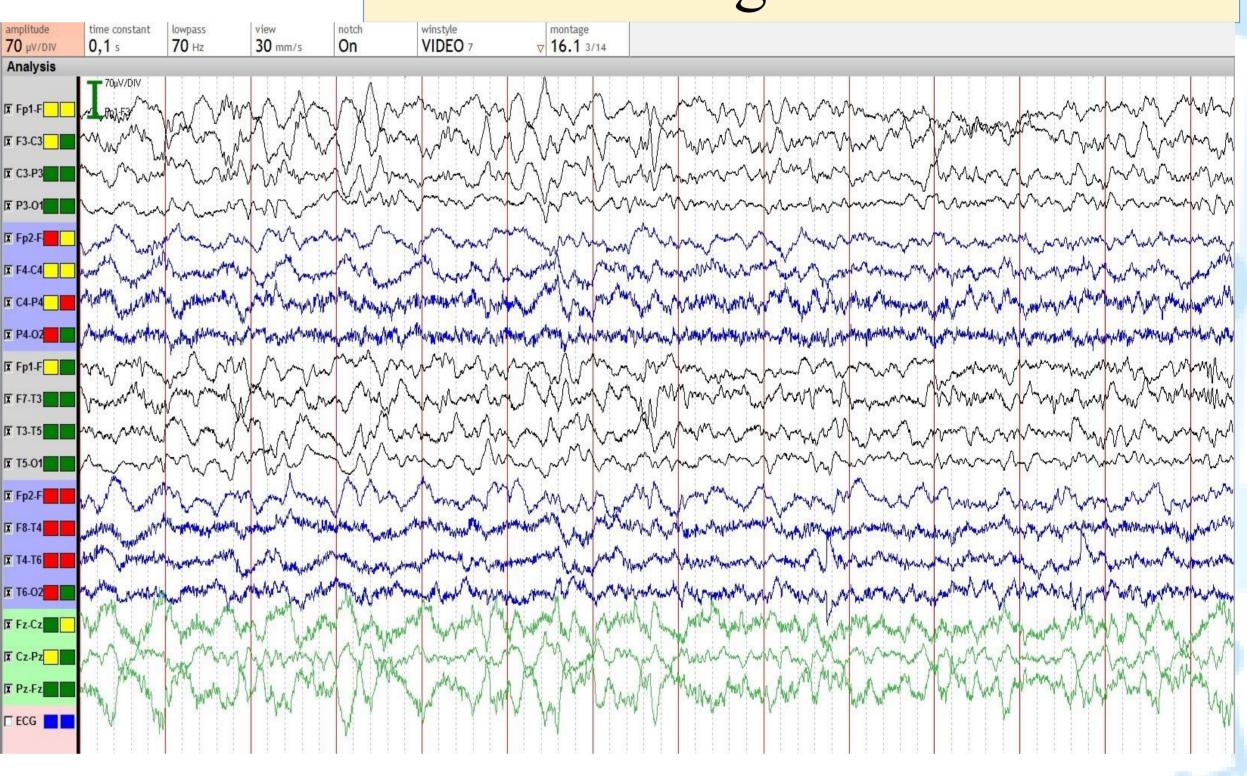


Fig. 3 PNES

Fig. 4 Brain MRI- Right Fronto-Basal posttraumatic sequelae

## Conclusions

In the management of epilepsy, suspected of being drug-resistant, it is necessary to consider the possibility of the presence of epileptic seizures and PNES, the importance of multidisciplinary team collaboration and electrographic correlations on EEG.

seizures (PNES).

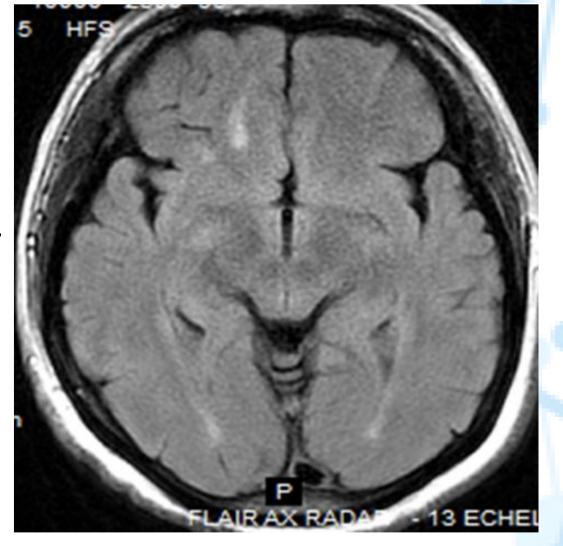


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To make differential diagnosis between epileptic seizures and PNES, and to demonstrate the combination of those in "dual diagnosis".



Keywords: Drug-resistant Epilepsy, Psychogenic non-epileptic