

which may indicate specific vascular syndromes, including lateral medullary infarction (Wallenberg syndrome) or anterior inferior cerebellar artery (AICA) involvement. Ischemic lesions detected on brain MRI, localized in pontine or cerebellar regions, may explain the symptom variability. Detailed imaging analysis and correlation with clinical manifestations will clarify pathological mechanisms and guide therapeutic strategies to optimize prognosis. **Conclusion(s).** Ischemic stroke in the vertebrobasilar territory has a variable prognosis. Early recognition of suggestive clinical signs and proper use of imaging are essential for accurate diagnosis and optimal treatment. MRI is superior to CT in detecting brainstem lesions.

Keywords: ischemic stroke, vertebrobasilar territory, MRI.

EVOLUTIONARY PECULIARITIES OF DIABETES MELLITUS IN LIVER CIRRHOSIS

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Background. Diabetes mellitus is a common comorbidity in patients with liver cirrhosis, negatively influencing the evolution and prognosis of the disease. Its evolutionary forms, especially hepatogenic diabetes, have specific mechanisms and clinical features, which require early recognition and selective treatment.

Objective(s). Analysis of the evolutionary and clinico-pathogenetic characteristics of diabetes mellitus in liver cirrhosis, highlighting the differences from type 2 diabetes and the therapeutic implications.

Materials and methods. A study of the scientific literature published in 2013-2024 was conducted, using PubMed, ScienceDirect, MEDLINE and Wiley data. Terms used: "hepatogenic diabetes", "liver cirrhosis", "insulin resistance". From the articles, 10 relevant studies were selected according to the criteria of topicality, clinical validity, and scientific value.

Results. Diabetes in cirrhosis may be pre-existing or acquired later in the form of hepatogenic diabetes. It is characterized by hepatic insulin resistance, β -cell dysfunction, and frequently falsely low HbA1c values. The most recommended diagnostic method is the oral glucose tolerance test. Glucose metabolism disorders can reach 80%, and clinical diabetes occurs in about 30% of patients. Its evolution is associated with an increased risk of hepatic encephalopathy, infections, hemorrhages, and post-transplant mortality. Treatment requires individualized adjustments, and therapeutic options are limited by the remaining liver function.

Conclusion(s). Diabetes mellitus in liver cirrhosis has a particular evolution, being often underdiagnosed and difficult to treat. Early diagnosis and personalized therapeutic approach are essential for preventing complications and reducing mortality; achieving these goals requires multidisciplinary collaboration.

Keywords: hepatogenic diabetes, liver cirrhosis, insulin resistance

FIRST SEIZURE IN THE ELDERLY: CAUSES, IMPACT AND PERSPECTIVES

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Background. In recent years, epilepsy in the elderly has emerged as a growing public health concern. The first epileptic seizure in an older adult often represents a critical juncture, both

diagnostically and therapeutically, requiring a tailored approach distinct from that used in younger individuals.

Objective(s). This study aims to investigate the etiological factors, clinical characteristics, and prognostic outcomes of primary epileptic seizures with onset in the population aged over 60.

Materials and methods. This retrospective study included 46 patients who experienced primary epileptic seizures after the age of 60. All patients were evaluated and followed at the National Epileptology Center. The diagnosis was established based on clinical assessment, neuroimaging, and either standard electroencephalography or long-term monitoring.

Results. The average age was 72.5 ± 9.9 years, and cerebrovascular (CVD) pathology was the leading cause of epilepsy (43.5%), followed by brain tumors (19.6%). All patients presented focal epileptic seizures, most frequently with focal motor semiology (41.3%) or focal seizures evolving into bilateral tonic-clonic seizures (30.43%). In this age group, focal seizures involving one side of the body were associated with CVD in 81.8% of cases. 1/3 had ≥ 4 cardiovascular comorbidities (82.61%). A significant percentage (13.1%) included elderly individuals without an obvious cause for the seizures, no risk factors, and tonic-clonic seizures during sleep.

Conclusion(s). In elderlies, an apparently isolated first seizure reflects an underlying vascular brain lesion. Early recognition and diagnosis of epileptic seizures in this population are essential, as they may reduce recurrence rates and mitigate the negative impact on quality of life.

Keywords: epilepsy in elderly, first epileptic seizure, comorbidities