CONSIDERAȚII ETIOLOGICE ȘI DE MANAGEMENT ALE CONVULSIILOR NEONATALE

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Introducere. Convulsiile neonatale reprezintă un semn esenţial al disfuncţiei cerebrale majore şi un important factor de risc pentru sechele neurologice. Incidenţa este de 1–5/1000 la nou-născuţii la termen, fiind mai mare la prematuri. Cauze frecvente: encefalopatii, tulburări metabolice, anevrismul venei Galene. **Scop.** Prezentarea unui caz clinic de convulsii neonatale severe şi encefalopatie cu infarct venos cerebral, asociat malformaţiei venei Galene, evidenţiind provocările diagnostice şi terapeutice neonatale. **Material şi metode.** Este prezentat cazul unei nou-născute de 24 zile, internat cu letargie, icter şi refuz alimentar, şi convulsii tonico-clonice hemicorp stâng. Examenul clinic a relevat hipotonie, reflexe diminuate, icter extins şi suflu cardiac. Investigaţiile au inclus hemoleucogramă, biochimie, EEG, CT cerebral şi screening infecţios. **Rezultate.** CT cerebrală: malformaţie anevrismală a venei Galen (tip coroidal) cu infarct venos. EEG: traseu hipovoltat. Biologic: hiperbilirubinemie. Diagnostice: encefalopatie neonatală severă, sindrom convulsiv, bronşită, malnutriţie. Tratament: anticonvulsivante (fenobarbital), antibacteriene, antifungice, suport nutriţional, monitorizare. Crizele convulsive – controlate, însă statusul neurologic a rămas sever afectat. **Concluzii.** Malformaţiile vasculare cerebrale rare trebuie suspectate la nou-născuţii cu convulsii inexplicabile. Abordarea multidisciplinară precoce, susţinută de investigaţii imagistice, este esenţială pentru diagnostic şi prevenirea complicaţiilor. Prognosticul este rezervat. **Cuvinte-cheie:** convulsii neonatale, nou-născut, encefalopatie, vena galena.

ETIOLOGICAL AND MANAGEMENT CONSIDERATIONS IN NEONATAL SEIZURES

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Introduction. Neonatal seizures are a key sign of major brain dysfunction and a significant risk factor for neurological sequelae. The incidence is 1–5 per 1000 term newborns, increasing in preterm infants. Common causes include encephalopathies, metabolic disorders, and vein of Galen aneurysm. **Objective.** Clinical case of severe neonatal seizures and encephalopathy due to vein of Galen malformation with cerebral venous infarction, underlining neonatal diagnostic and therapeutic challenges. **Material and methods.** This is the case of a 24-day-old newborn admitted with lethargy, jaundice, feeding refusal, and tonic-clonic seizures on the left side. Clinical exam revealed hypotonia, diminished reflexes, extensive jaundice, and a cardiac murmur. Investigations included CBC, biochemistry, EEG, cranial CT, and infectious screening. **Results.** Cerebral CT confirmed a choroidal-type vein of Galen aneurysmal malformation with venous infarction. EEG revealed a diffusely low-voltage background. Biochemical tests showed marked hyperbilirubinemia. Diagnoses included severe neonatal encephalopathy, neonatal seizure syndrome, bronchitis, and malnutrition. Management included anticonvulsant therapy (phenobarbital), antibiotics, antifungals, nutritional support, and intensive monitoring. Seizures were controlled, but neurological status remained severely impaired. **Conclusion.** Rare cerebral vascular malformations should be suspected in newborns with unexplained seizures. Early multidisciplinary management, supported by imaging investigations, is essential for diagnosis and prevention of complications. The prognosis is guarded. **Keywords:** neonatal seizures, newborn, encephalopathy, galena vein.