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Seizure Disorder in Reproductive Age Group: A Social Stigma.

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ABSTRACT

Various seizure disorders are common in pregnancy. However epilepsy is the most common neurological disorder seen in pregnancy. Management of epilepsy in pregnancy starts with pre-conceptional counselling followed by careful selection of antiepileptic drugs. We report a case who presented to us with status epilepticus in second trimester. She was a known case of seizure disorder, was well controlled with carbamazepine .However she discontinued the therapy after few months, but was seizure free for about 3 years prior to this pregnancy.She presented to us in status epilepticus and was managed with the help of the neurologist. Although she was out of status epilepticus, she continued to have seizures intermittently. Her seizures were refractory to all the appropriate antiepileptic drugs. Subsequently she had a spontaneous miscarriage and her seizures improved in the postpartum period.

Keywords: Status epilepticus, refractory seizure, social stigma.

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INTRODUCTION

Seizure disorder in pregnant women requires careful evaluation and appropriate anti-epileptic therapy both pre and post conception. Management of status epilepticus in pregnancy is challenging due to the various social factors. Epilepsy in pregnancy is distraught with the social stigma in India, and also the lack of awareness among pregnant women for the need of safe antiepileptic drugs in pregnancy complicates the management further. This case report throws light on all the unseen challenges weas obstetricians face in managing seizures in pregnancy.

Case report

A 35yr old primigravida of gestational age 16 weeks, presents to the emergency department with status epilepticus. She was a K/C/O seizure disorder 4 years prior to this pregnancy and was diagnosed as epilepsy. Seizures were well controlled with Carbamazepine, however she discontinued the therapy after a few months. She was seizure free for 3 years. In this pregnancy she developed seizures 2 weeks prior to the visit to the hospital .She was treated irregularly in a private hospital outside. We managed status epilepticus with phenytoin followed by Levetiracetam. Meningitis was ruled out by appropriate investigations. Haemogram and serum electrolytes were normal. CSF analysis was also within normal limits. EEG showed epileptiform activity and MRI brain was normal except for post ictal changes. However although we controlled status epilepticus along with the guidance of neurologist ,she had seizures intermittently which was refractory to a majority of antiepileptic drugs .After 72 hours she had a spontaneous miscarriage and expelled a dead female foetus weighing about 100 grams. She improved dramatically in the postpartum period and became seizure free during the rest of the stay in the hospital. She was discharged on Oral Levetiracetam, Phenytoin and Clobazam.

DISCUSSION

Patients with seizure disorder in pregnancy experience higher incidence of seizures probably because of lower serum levels of AEDs during pregnancy and this also puts the foetus at risk for congenital malformations. Seizure disorder in pregnancy requires management by a multidisciplinary team involving obstetrician, neurologist and psychologist. In India management of seizure disorder in women is further complicated due to the social stigma attached to this disorder. The reasons being ,women in reproductive age group has the fear of acceptance of the disorder by the husband and his extended family, they either hide the disorder or discontinue the medications, further to this they fail to attend preconceptional counselling . With no preconceptional counselling and proper antiepileptic drug, seizures recurred in her and she had status epilepticus. She required the AEDs for control of seizures. Even though the chances of continuation of pregnancy is higher in status epileptics, this mother ended up in spontaneous expulsion of foetus. If she had revealed about seizure disorder earlier we could have saved this precious pregnancy.

CONCLUSION

Management of epilepsy in reproductive age group women aspiring for pregnancy requires careful selection of antiepileptics and is best managed with a single antiepileptic drug Preconceptional counselling has to be done early with higher dose of folic acid. In this case an effective preconceptional intervention could have prevented status epilepticus and saved this pregnancy.

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