Questions – The Evaluation and Treatment of Seizures lecture

1) A first-line treatment for absence seizures is:
   a. Ethosuximide
   b. Carbamazepine
   c. Phenytoin
   d. Phenobarbital

2) The most common cause of new onset epilepsy in the elderly is:
   a. Head trauma
   b. Brain tumor
   c. Alzheimer’s disease
   d. Stroke

3) A 70-year old man was witnessed to have an episode described as follows: “His head was turned to the left and his left arm was sticking straight out. He made gurgling noises and his mouth was moving a little. Then he started to jerk all over. His eyes were open and he didn’t respond. After about one minute the jerking stopped. He was moaning. When the EMTs arrived he could cooperate and follow orders. They said he was weaker on the left hand than the right. By the time he got to the hospital he was back to himself, and had no weakness.” This seizure type is best characterized as:
   a. Absence
   b. Primary generalized tonic clonic
   c. Partial onset with secondary generalization
   d. Lennox-Gastaut syndrome

4) The patient described in question 3 had the following information gathered in the emergency department: On arrival in the emergency room approximately 15 minutes later, he was oriented to person, place and time, although he had no memory of the seizure. His neurological examination was normal, except for mild peripheral neuropathy. Past medical history is notable for non-insulin dependent diabetes for the past 15 years. He has no history of seizures. The patient has no known allergies, has never smoked and does not drink alcohol.

Current medications: Glyburide 5mg/day

Vital Signs: BP 200/130, HR 75 (regular), RR 14, temp 100.1°F

Laboratory studies:
Blood chemistry:
Sodium: 141mEq/L
Potassium: 4.2mEq/L
Chloride: 99mEq/L
Bicarbonate: 27mEq/L
BUN: 8mg/dL
Cr: 0.7 mg/dL
Glucose: 60 mg/dL
Urine Analysis: 15 WBC/HPF
  Nitrite: Positive
ABG: pH: 7.3, PC02: 36, PO2: 86; O2 saturation: 93%

CBC:
  Hematocrit: 44%
  Hemoglobin: 15.4 g/dL
  White count: 12,000 with 80% neutrophils and 6% bands
  Platelet Count: 180

CT Scan:

EEG: mild bitemporal slowing

The best assessment of this scenario is:
  a. It was an unprovoked seizure
  b. It was a seizure provoked by acute stroke
  c. It was a seizure provoked by urinary tract infection, with possible additional underlying risk factors for seizure recurrence.
  d. It was a seizure provoked by uncontrolled hypertension.