

SYMPTOMATIC EPILEPSIES AND EPILEPTIC SYNDROMES IN ASIA

The syndrome of seizures in association with single small enhancing CT lesions (SSELs)

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Neurocysticercosis is an important cause of seizures in developing countries. Most patients with neurocysticercosis have multiple intra-cranial cystic or calcified lesions. The syndrome of seizures in association with single, small enhancing CT/MRI lesions (SSELs) accounts for about 10% of epilepsy patients seen at major neurological centres in India. The clinical features of this syndrome and possible factors responsible for its etio-pathogenesis have been reviewed. In a large study on such patients, seizures were partial with or without secondarily generalized in 86% and majority (97%) of patients was treated with a single AED. Significant resolution of the CT/MRI scan lesion was noted within 6 months in 53% cases while only on anti-epileptic drugs.

Two-thirds of patients had no seizures while on single AED and additional 18% had no seizures even after AEDs were withdrawn. A family history of seizures was noted in 21% probands and 60% of affected sibs had syndromic concordance with probands. HLA class II genomic typing was done to identify the role of hereditary factors in the etio-pathogenesis of this syndrome. There was a positive association of HLA - DRB1*13 (Pc= 0.036) with this syndrome.¹

REFERENCE

1. Jain S. The syndrome of seizures in association with single small enhancing CT lesions (SSELs). *Neurol Asia* (in press)