2025/05/13 07:20 1/2 Complex partial seizure

Complex partial seizure

(many used to be classified as psychomotor seizure, often attributed to temporal lobe but they can arise from any cortical area): any alteration of consciousness, usually LOC or automatisms (including lip smacking, chewing, or picking with the fingers) with autonomic aura (usually an epigastric rising sensation)

- a) simple partial onset followed by impairment of consciousness(may have premonitory aura)
- without automatisms
- with automatisms
- b) with impairment of consciousness at onset
- without automatisms (impairment of consciousness only)
- with automatisms
- c) partial seizure with secondary generalization
- simple partial evolving to generalized
- complex partial evolving to generalized
- simple partial evolving to complex partial evolving to generalized

Complex partial seizures last 1 to 2 minutes.

These seizures may have an aura (or warning).

Complex Partial Seizures include automatisms (such as lip smacking, picking at clothes, fumbling), unaware of surroundings or may wander.

Many treatment options are available including medicines, diet, surgery and devices.

Neuromodulation such as vagus nerve stimulation (VNS) and responsive neurostimulation (RNS) are safe and effective strategies for medically intractable epilepsy secondary to complex partial seizures, but researchers have yet to compare their efficacies.

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