

Clinical and Etiological Characteristics of Epilepsy in the Elderly

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We read with great interest the manuscript by Assadeck et al about clinical and etiological characteristics of epilepsy in the elderly: a hospital-based study from a tertiary care referral center of Niamey, Niger,¹ and we would like to contribute to such an important topic with some comments based on studies performed by our group, which can highlight the discussion on the importance of this subject.

It was Willian Gower who coined the term “late-onset epilepsy” to designate those patients whose first epileptic manifestation occurs after 25 years of age, a criterion that Alajouanine maintained in his study “late epilepsy in adults.” Of every four patients with epilepsy, one presents with at least the first seizure during adulthood.²

In a first study, we evaluated 300 patients, with late-onset epilepsy, 163 males (54%) and 137 females (46%), the over 60 years were 14.3% (43 cases), and partial crises occurred in 262 patients (87.3%), with a net predominance of secondary generalized partial seizures (in 202 patients) contrary to what was reported by Assadeck et al, they found 43.5% of patients with generalized tonic–clonic seizures.³

In 132 patients (44%), the etiology of the seizures could not be specified in the remaining 56%—in whom the causal etiology was identified—vascular pathology was found in 58 patients (19.3%), diseases degenerative in 50 cases (16.6%), brain tumors 27 patients (9%), acute head trauma in 23 patients (7.6%), and central nervous system infections, damage perinatal, and toxic-metabolic disorders in 10 patients.³

In other study, brain computed tomography was undoubtedly an important factor in evaluating patients already that showed alterations in 66.6% (20 patients), what comes to confirm the important role of neuroimaging studies in epilepsy, mainly in epilepsy related to location.⁴

Our study shows that between 25 and 40 years the predominant etiological factors in epilepsy late are head injuries and brain tumors, while the most frequent cause of epilepsy above the 40 years old is cerebrovascular disease.⁵

It is necessary to exhaust the different study methods to rule out the possible causes of secondary epilepsy that allow an adequate etiological coping, as well as knowledge of the prognosis for each case; this fact takes on greater importance in the adult, in whom the disorder can generate functional and social restrictions.

Conflict of Interest

None declared.

References

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