[Etiology, follow-up and therapy of seizure clusters in temporal lobe epilepsy and catamenial epileptic seizures]

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The phenomenon of seizure clustering is still poorly understood. We therefore investigated 192 patients with temporal lobe epilepsies among whom 60 showed clustering of seizures. The percentage of women was significantly higher in the cluster than in the non-cluster group, the history of epilepsy lasted longer and the excess of complex partial seizures over tonic clonic seizures was more prominent in the cluster group. In 46 out of the 60 patients the clustering did not occur initially but developed in the course of the disease. In a particular subgroup the development initiated with isolated tonic clonic seizures, in a later phase complex partial seizures appeared and finally only complex partial seizures remained. This type of history was found significantly more frequent in the cluster than in the non-cluster group (27% versus 7%). It is conjectured that endogenous, as well as exogenous factors, both of them not completely revealed, cause the occurrence of clusters; anticonvulsant drug therapy might even enlarge this trend. Patients with seizure clustering tend to be pharmacoresistant. Chronic therapy with antiepileptic drugs besides intermittent therapy with benzodiazepines may help. A particular type of seizure clustering is observed in catamenial epilepsies where seizures appear in the perimenstrual and/or periovulatory phase of the menstrual hormonal cycle of females. This type of seizure incidence is obviously influenced by hormonal rhythms. Ten patients suffering from catamenial epileptic seizures were therefore treated with a synthetic analogue of GnRH in order to suppress the menstrual hormonal rhythm. As a result 3 patients became seizure free and in 5 patients seizure frequency decreased.