

HealthCare

Seizures in Adults

What is a Seizure?

The brain contains billions of neurons (nerve cells) that create and receive electrical impulses. Electrical impulses allow neurons to communicate with one another. During a seizure, there is abnormal and excessive electrical activity in the brain. This can cause changes in awareness, behaviour, and/or abnormal movements.

Epilepsy refers to a condition in which a person has a risk of recurring epileptic seizures. Not everyone who has had a seizure has epilepsy. Non-epileptic seizures can be caused by other conditions such as low blood sugar, a fainting spell, or an anxiety attack.

Types of Seizure

One of the most common seizure types is "tonic clonic" or "grand mal" seizure. In this type of seizure, a person may stiffen and have jerking muscle movements; during the muscle-jerking, the person may bite their tongue, causing bleeding or frothing at the mouth.

Other seizure types are less dramatic. Shaking movements may be isolated to one arm or part of the face. Seizures may also cause "sensations" that only the patient feels. As an example, one type of seizure can cause stomach discomfort, fear, or an unpleasant smell. Such subjective feelings are commonly referred to as auras. A minority of people have seizure triggers, such as strong emotions, intense exercise, loud music, or flashing lights.

Seizure Causes

● **Epileptic seizures** – People with epilepsy have a type of brain dysfunction that intermittently causes episodes of abnormal electrical activity. This can be caused by any type of brain injury, such as trauma, stroke, brain infection, or a brain tumour.

● **Provoked seizures** – A similar type of abnormal electrical activity in the brain can be caused by certain drugs, alcohol withdrawal, and other imbalances, such as a low blood sugar. They do not usually occur again once the problem is remedied.

● **Non-epileptic seizures** – Non-epileptic seizures look like seizures, but are not caused by abnormal brain activity. These seizures may be due to fainting spell, a muscle disorder, or a psychological condition, or hypocalcaemia, hypoglycaemia etc.

Seizure Diagnosis

If you have a seizure and have never had one before, your healthcare provider will want to get as much information about the seizure as possible. He or she will want to know a detailed description of the episode, including whether you lost consciousness, stared blankly, or twitched and jerked violently. The more information your healthcare provider has about your seizure, the better able he or she will be to make the right diagnosis.

If a witness to the seizure is available and can come to the appointment or be contacted later, this can be very helpful to the physician.

Tests and procedures

● **Blood tests** may be done to check for low or high blood sugar that may have caused your seizure.

● **Electroencephalography (EEG)** may be done to check for abnormal electrical activity in the brain.

● **Brain imaging studies**, such as MRI or CT scans, may be done to check for tumours, strokes, or other structural problems in the brain.

Seizure Treatment and Medication

The appropriate treatment of your seizure will depend upon what type of seizure. If you have epilepsy or if your seizure was caused by a stroke, tumour, or some type of permanent brain injury, you may need to take one or more anti-seizure medications.

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PANCREATIC PROBLEMS

The pancreas is a gland behind stomach and in front of spine. It produces juices that help to break down food and hormones that help to control **blood sugar** levels. Pancreas is affected by various disease processes like infections, inflammations, Stones, cancers etc. of these afflictions most common problems in India are Acute and chronic pancreatitis and pancreatic cancer.

a) Acute Pancreatitis: It is the inflammation of the pancreas that occurs suddenly and usually resolves in a few days with treatment. It can be a life-threatening illness with severe complications. The swelling is generally because of a stone blocking the Pancreatic duct or because of direct damage inflicted by alcohol particularly after binge drinking. Commonly presents with severe pain which is sometimes agonizing. Depending on the severity of problem patient can also have vomiting, jaundice, fever, breathing difficulty, low urine output etc.

b) Chronic pancreatitis – This is a problem where there is a slow progressive damage due to which the pancreas shrinks in size. This is common in middle age patients more commonly men. This generally is due to long time alcohol consumption or blocking by stones. It generally presents with long standing abdominal pain which radiates to lower back. However the most striking presentation is with greasy stools after taking oily meal due to deficiency of digestive enzymes

c) Pancreatic cancer – This is commonly seen in middle age or elderly men. Ethnolics and chronic smokers have higher predilection for cancer. It presents with pain abdomen associated with weight loss. Significant number of patients also have associated jaundice and vomitings

Diagnosis Majority of pancreatic problems can be diagnosed by simple blood tests,

stool test and ultrasound scan (USG) of abdomen. However special tests like Endoscopy, CT scan MRI scan, Tumour markers etc may be required to characterise the lesion or to know the severity of disease or to know the extent of the disease.

Treatment:

a) Acute pancreatitis: In about 80% patients the disease is mild and usually responds to simple medication. However in the remaining cases due to severe necrosis in the gland patients may have Multi organ failure as well as sepsis. These patients generally require ICU treatment including ventilator, dialysis, powerful antibiotics etc. Some of these patients also require operation to remove the unviable and infected part of pancreas so as to reduce the septic load.

b) Chronic pancreatitis: In early phase these patients may be managed with artificial pancreatic enzyme supplements and pain killers. Some of these cases can also be managed by dissolving the stones with lithotripsy or other endoscopic methods.

However those who do not respond to these modalities can be helped by surgery where in the obstructed MPD can be joined directly to intestine by a procedure called Bypass.

c) Pancreatic cancer: It is important for these patients to be picked up at early stage of disease. Such cases can be offered complete cure by surgery. For those who present at advanced stages also, quality of life can be improved by various endoscopic or surgical or medical measures.

Pancreas can be affected by various ailments from simple infections to cancers. Some of these can be prevented



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TIMING IS CRUCIAL FOR FEMALE FERTILITY

WHAT IS LOW OVARIAN RESERVE AND WHAT CAN YOU DO ABOUT IT?

Women are born with about 1-2 million eggs at birth. At puberty, she has about 3-5 lakh eggs which have the potential to respond to hormones, grow and ovulate. As age increases, the number of eggs comes down and after 30 year's of age, women's eggs begin to decline faster.

The average age of a woman having children in India has now increased to >30-35 year's over the past few year's, as more women choose to advance their education and career or due to personal reasons. However, we know fertility declines as we age. When quantity declines, there is also qualitative decline in egg quality which affects embryo quality leading to early pregnancy abortions and increased risk of aneuploidy.

The term "ovarian reserve" refers to the number and quality of your eggs (oocytes). Low ovarian reserve means that the number and quality of your eggs is lower than expected for your age and is an important cause of infertility in many couples. It is often noted in women in their mid to late thirties, but it may affect younger women as well.

It is usually diagnosed through a few blood tests and ultrasonography screening for ovarian volume and antral follicle count by your fertility specialist.

CAUSES FOR LOW OVARIAN RESERVE:

- Genetic
- Stress
- Lifestyle
- Diabetes
- Endometriosis
- Previous Pelvic Surgeries
- Cancer Treatments or Unexplained.

SYMPTOMS OF LOW OVARIAN RESERVE:

- Difficulty in Getting Pregnant
- Heavy Menstrual Flow
- Pregnancy Loss
- Irregular or Painful Periods
- Shorter Menstrual Cycles etc.
- Sometimes there are no symptoms at all.

TREATMENT OPTIONS FOR LOW OVARIAN RESERVE?

Treatment can vary from freezing eggs, to starting fertility treatment to hasten up time to pregnancy by

Ovulation Induction: Timed Intercourse (Timing couples intercourse dates based on ovulation assessed on scan).

IUI – Intrauterine Insemination: Placing husband's sperms inside woman's uterus during ovulation.

IVF – In vitro Fertilization: mixing egg and sperm outside woman's body and placing the resulting embryo into woman's uterus.

Fertility Preservation by Egg Freezing or Embryo Freezing: Retrieving eggs from ovary, freezing eggs or embryos by vitrification and using them later when required.

Ovarian rejuvenation therapy may also be tried in few cases of very low ovarian reserve (intraovarian injection of platelet rich plasma derived from patient's own blood).

Depending on your diagnosis, your fertility specialist will recommend the appropriate treatment.



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