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Right Frontotemporoccipital Focal Epilepsy with Behavioral and Emotional Problems

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ABSTRACT

Miss AN, female, 17 years old, Muslim, Betawi ethnicity, graduated from elementary school, currently no longer in school. The first febrile seizure patient was four years old. Five to seven years old, patients with recurrent seizures without fever, diagnosed with epilepsy and do not see a doctor regularly. At 14 years, the patient was raped, and since then, the patient has had free sex with many different men. At the age of 16, the patient had seizures up to five times an ay, and one seizure was approximately five minutes. The patient went to a neurologist and was regularly treated with valproic acid and carbamazepine. At the age of 17 years, the patient often got angry when teased and threatened with knives or scissors, had free sex with many men and went to a psychiatrist. The patient has been treated five times in different mental hospitals because he often runs away from home. Currently, the patient is being treated in the psychiatric ward and is receiving 2 x 500 mg of valproic acid, 3 x 200 mg of carbamazepine, 2 x 0.5 mg of Clonazepam and 1 x 50 mg of sertraline. At the time of treatment, the patient is known to be HIV positive and does not need ARV therapy. Patients also planned behavioural therapy and involved patients with activities at Yayasan Pelita Ilmu. It is hoped that this therapy can help overcome the patient's behavioural and emotional problems.

1. Introduction

Epilepsy is a neurological disorder that is quite common in the community with a prevalence of 5-10 per 1000 population. Psychiatric problems are frequently reported in patients with focal epilepsy, especially temporal lobe epilepsy, which accounts for 60%. Focal or partial seizures are often associated with localized brain pathologies, although not always. Focal seizures can be straightforward if there is no change in consciousness or complex when there is a clouding of consciousness. Auras are often mistaken for prodromal phenomena which are simple partial seizures that may or may not turn into other types of seizures. In focal seizures, the seizure manifestations may vary as the epileptiform waves affect which area of the brain

is present. These focal seizures can develop into generalized seizures that electographically affect the entire cortex.¹

Emotional expression is defined as the degree to which the family expresses criticism, anxiety and excessive personal involvement behaviour towards psychiatric patients. Brown described five components of personal expression, namely excessive emotional involvement, critical comments, hostility, positive statements and family warmth. The interaction between emotional expression and the patient's state is complicated. The study showed no difference in the pathology of patients with families with high emotional expression compared to patients with families with low emotional expression. It is the relationships of each family that differ in how they respond to



patients and their illnesses. Among the five components above, the ones with the highest predictive value for symptom improvement and recurrence were critical comments, anxiety and excessive emotional involvement. This case report discusses cases of focal epilepsy accompanied by behavioural and emotional disorders and their treatment.

2. Case Presentation

The patient is a 17-year-old girl, graduated from elementary school and is not in school anymore. The patient has a low social and economic background where the father works as an electronic call repair officer, and the mother does not work. The patient is the first of three children; there is no history of mental disorders in the family. The mother's first sister was sick with epilepsy and did not regularly go to the doctor.

The first seizure patient was four years old. At that time, the patient had a high fever and was taken to the nurse and after the patient had a seizure. At that time, the patient's mother did not take the patient to the doctor. The patient had another episode at the age of five years a few hours after the patient's younger brother was born at the patient's house assisted by a traditional healer. At that time, the patient saw her sister's labour. When an elementary school patient in 2001 had another seizure and went to the doctor, he was diagnosed with epilepsy and received luminal therapy.

Furthermore, the patient in control of his seizure went to Pasar Rebo Hospital, but it was irregular so that the patient still had frequent episodes. In 2009 the patient underwent MRI and EEG because there were frequent seizures that could be five times a day. From the MRI results, it was found that right hippocampal atrophy and EEG showed abnormalities in the right temporooccipital. Since then, patients regularly seek treatment for epilepsy at the Pasar Rebo Regional Hospital received Carbamazepine and

Depakote drugs. Patients have seizures for about five minutes, before attack they always experience heart palpitations, headaches and see unseen things according to patients such as kuntilanak and tuyul as well as a voice that says the patient has recurred. If there is no seizure, the patient has never seen the occult or the sound. Before seizures the patient is conscious, during unconscious seizures, after conscious seizures. The seizure is experienced throughout the patient's body for one to three minutes.

When the patient ran away after being scolded by his father for assaulting his cousin, the patient was teased by a male neighbour who was 20 years old and invited to go to the brother's house. There the patient was raped by the man. The family intends to report to the police, but the male family offers a peaceful way and intends to marry the patient and male friend until the application process. Furthermore, the patient's father found out that the patient's husband was an alcoholic and was worried about the patient's future and cancelled his marriage plans. Since then, the patient has said that her sexual desire has increased so that she often has sex with different men at least twice a week. The patient said he did it on a consensual basis. The patient got pregnant when she was 17 years old but was aborted by her doctor because she often had seizures and affected her pregnancy.

The 17-year-old patient gets angry quickly when his neighbours tease him and threaten him with a knife or scissors, often leaves the house with street children and has sex with different men so that this patient's behaviour makes the parents angry. Parents feel that the patient's behaviour can no longer be controlled, so they take the patient to a psychiatrist. The patient has undergone five treatments at two different hospitals because of his behaviour, which often runs away from home, sleeps on the streets and has sex with street men he met at that time. When hospitalized, the patient received 3 x 1 tablet of Phenytoin, 2 x 200mg of Carbamazepine, 2 x 2mg

of THP and 2 x 2mg of Risperidone. With this therapy, the patient still had seizures three times a month. Currently, the patient is receiving 2 x 500 mg of Valproic Acid, 2 x 500mg of Carbamazepine, 2 x 0.5mg of Clonazepam and 1 x 25mg of Seroquel. The patient was still having seizures, and we consulted the neurology department to get the suggestion that carbamazepine is increased to 3 x 200mg. Seroquel in small doses was able to induce seizures, so we replaced it with Sertralin 1 x 50 mg for the patient's irritable mood and impulsive behaviour.

During this treatment, we performed a repeat EEG with bilateral slowdown results, especially on the left with the epileptiform activity of the right frontal lobe. When associated with EEG of a patient in 2009 who showed a disruption in the right temporoparietal, it was found that the patient had focal epilepsy in the right frontotemporooccipital lobe. The behaviour of patients who have sex with men without safety equipment is risky until we check Anti-HIV with the all-reactive 1,2,3 method and CD4 + 374 so it is not necessary to be given ARVs.

Currently, the patient and family are trying to communicate better. Patients are also involved in activities at the Pelita Ilmu Foundation as a place for patients to socialize. It is hoped that patient involvement in this activity can provide options for positive activities for patients.

3. Discussion

Many works of literature mention a high incidence of psychiatric problems in focal epilepsy, especially those originating in the temporal lobe. Focal or partial seizures are often associated with localized brain pathologies, although not always. Focal seizures can be straightforward if there is no change in consciousness or complex when there is a clouding of consciousness. Auras are often mistaken for everyday phenomena which are simple partial seizures that may or may not turn into other types of attacks. In focal seizures, the

seizure manifestations may vary as the epileptiform waves affect which area of the brain is present. These focal seizures can develop into generalized seizures that pictographically affect the entire cortex.¹ The aura that patients often experience is seeing the occult and hearing a voice telling the patient a relapse may be part of a patient's simple partial seizure that has developed into a generalized seizure in this patient.

Current patient emotional and behavioural problems associated with focal epilepsy were experienced by patients considering that individuals with focal epilepsy had more psychopathology than generalized epilepsy. Even Adams stated that the prevalence of mental disorders in focal epilepsy is 44-88% two while Schwarz and Marsh noted that the majority is 60%¹. Prueter and Norra in their research wrote that there is multifactorial pathogenesis in the relationship between patient emotions and epilepsy, including neurobiology, pharmacology and psychosocial factors.³ Having a chronic disease that requires years of pharmacological therapy and the social stigma against epilepsy itself is already a burden for patients, plus they cannot continue their studies because the frequent seizures experienced bury the aspirations of the patient who originally wanted to become a doctor and problems in the family, especially the attitude of the patient's father and mother who commit physical violence to the patient's behaviour who has free sex and often threatens when offended makes the patient dysphoric.

Emotional expression is defined as the degree to which the family expresses criticism, anxiety and excessive emotional involvement behavior towards psychiatric patients.⁴ Brown describes five components of emotional expression, namely excessive emotional involvement, critical comments, hostility, positive statements and family warmth. and the patient's condition is complex. The study showed no difference in the pathology of patients with families with high emotional expression compared to patients with

families with low emotional expression. It is each family's own relationship that has differences in how they respond to patients and their illness.⁶ Among the five components above, the ones with the highest predictive value for symptom improvement and relapse are critical comments, anxiety and excessive emotional involvement.

Therapy to reduce high emotional expression still revolves around family paradigm psychoeducation to good communication training approaches.⁴ Communication is essential in human relationships, especially among family members. Frequent conflicts can cause stress to our family members which can worsen symptoms. For this reason, conflict resolution with good communication can prevent recurrence or increase in symptoms. Resolving conflicts requires communication skills and the following strategies can also help:⁷ avoid blaming others; Speak in a calm voice; Use short and clear statements to bring up the main points; Explore the thinking of the person with whom you conflict; Focus on the current situation and specific behavior; Be open to compromising with others.

4. Conclusion

Communication is essential in human relationships, especially among family members. Frequent conflicts can cause stress to our family

members which can worsen symptoms. For this reason, conflict resolution with good communication can prevent recurrence or increase in symptoms.

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