CLINICAL PROFILE AND OUTCOMES OF 20 CONSECUTIVE PATIENTS WITH NON-CONVULSIVE STATUS EPILEPTICUS (NCSE)

AIMS

- To describe the clinical and demographic profile (age, comorbidities, etiology) EEG patterns and treatment modalities of 20 consecutive patients with NCSE .
- To identify factors associated with their poor outcomes (mortality) in this cohort.

METHODS

- Design: Observational retrospective study.
- Diagnosis of NCSE was based upon Modified Salzburg Criteria.
- Analysis: Patients were categorized into two groups for comparison: Survivors (n=12) and Non-survivors (n=8).

MATERIALS

- **Study:** Retrospective analysis of 20 consecutive patients with NCSE (N=20).
- **Data :** Age, Sex, Comorbidities, Etiology, EEG findings, Treatment, and Outcome .

RESULTS

NON-SURVIVORS (n=8)

DEMOGRAPHICS

Mean Age: 71.3 years (Range 65-83)

Sex: 5 M, 3 F (M: 62.5%)

COMORBIDITIES

HTN: 7/8 (**87.5%**)

DM: 3/8 (**37.5%**)

ETIOLOGY (Underlying Diagnosis)

Post-HIE: 3/8 (**37.5%**)

Sepsis: 4/8 (**50%**)

Viral/Autoimmune Encephalitis: 0

TREATMENT

Multiple antiepileptics along with Midazolam, Propofol and Ketamine infusions

SURVIOVORS (n=12)

DEMOGRAPHICS

Mean Age: 59.8 years (Range 17-77)

Sex: 6 M, 6 F (M: 50%)

COMORBIDITIES

HTN: 6/12 (50%)

DM: 1/12 (8.3%)

ETIOLOGY (Underlying Diagnosis)

Post-HIE: 1/12 (8.3%)

Sepsis: 4/12 (33.3%)

Viral/Autoimmune Encephalitis: 5/12 (**41.7%**)

TREATMENT

Antiepileptic drugs with Midazolam infusion mainly.

CONCLUSION

- NCSE is associated with high mortality (40%), especially in the critically ill patients.
- Patients who succumbed were older, had higher burden of comorbities, had prolonged CPR and needed multiple anaesthetic anti epileptics to control their NCSE.
- Those who are young , with viral or autoimmune encephalitis as cause of NCSE and needing single anaesthetic antiepileptic did better in our cohort.
- Therefore aggressive, and timely management of both NCSE and the underlying cause, guided by continuous EEG monitoring, is crucial for improving survival.