Interiktalna bradikardija s asistoličkim pauzama do 5,0 sekundi u bolesnika s epilepsijom – prikaz slučaja

Interictal bradycardia with asystolic pauses up to 5.0 seconds in a patient with epilepsy – case report

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Uvod: Parcijalni i generalizirani epileptički napadaji često uzrokuju centralnu disautonomiju. Najčešće se radi o simpatomimetskom odgovoru – iktalna tahikardija nastaje u više od 85% slučajeva, iktalna bradikardija u manje od 2% bolesnika, dok je asistolija uzrokovana epileptičkim izbijanjima vrlo rijetka i povremeno se povezuje s bolešću srca u podlozi. Antiepileptici također utječu na autonomnu funkciju i aritmogenezu.^{1,2}

Prikaz slučaja: Radi se o 44-godišnjem bolesniku s dugogodišnjom fokalnom epilepsijom s kompleksnom simptomatologijom i sekundarnom generalizacijom, anamnestički bez srčane bolesti. Tijekom redovnog praćenja 24-satnim snimanjem EKG-a, u snu je zabilježena sinusna bradikardija minimalne frekvencije 19/min sa sinusnim pauzama do 5,0 sekundi. Bradikardija je zabilježena između značajnih tehničkih smetnji koje odgovaraju toničko-kloničkoj aktivnosti.

Zaključak: Kardiovaskularna disfunkcija može doprinijeti nagloj smrti u bolesnika s epilepsijom, stoga je nužna veća svjesnost i pravovremeno prepoznavanje pratećih srčanih aritmija. Istovremeno praćenje bolesnika video-elektroencefalogramom i elektrokardiogramom metoda je izbora u postavljanju dijagnoze.

Background: Partial and generalized epileptic seizures frequently cause central dysautonomia. Sympathomimetic response is seen most frequently – ictal tachycardia occurs in more than 85% of cases, ictal bradycardia in less than 2% of patients, while epileptogenic asystole is very rare, and occasionally related to the underlying cardiac condition. Antiepileptic medications can also modulate autonomic function and arrhythmogenesis.^{1,2}

Case report: 44-year-old patient with long-lasting focal epilepsy with complex symptomatology and secondary generalization, with no previous history of heart disease, has been referred to ambulatory 24-hour Holter ECG monitoring. Sinus bradycardia with minimal heart rate of 19/min and sinus pauses up to 5.0 seconds was detected in sleep. Period of bradycardia ensued between significant technical interference caused by tonic-clonic seizures.

Conclusion: Cardiovascular dysfunction can contribute to sudden death in epilepsy, therefore increased awareness and timely detection of concomitant arrhythmias is essential. Simultaneous video-electroencephalography and electrocardiographic monitoring is a diagnostic method of choice.

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