

Brief Introduction and Classification of Epileptic Seizures

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DESCRIPTION

An epileptic seizure is a short lasting cerebral disorder caused by increased discharges of cortical or subcortical neurons with resultant differing impairments depending of the site, intensity and extent of the abnormal discharges. In addition to impairments of consciousness and muscular contractions, other changes for example, of thinking behavior, memory and sensation are also possible. The Clinical symptoms of epileptic seizures depend on the normal function of the nerve cells participating in the seizure. Some people suffering from epileptic seizures can experience different types of seizures and the periods between individual seizures can vary from hours through years even on decades.

The term epilepsy is used to denote a group of cerebral diseases with heterogeneous etiologies in patients who have experienced at least two unprovoked in patients who have experienced at least two unprovoked epileptic seizures without an actual reason or trigger being discovered. A first epileptic seizure does not mean that the patient suffers from epilepsy. Furthermore it must be considered in the case of a first manifestation in an elderly patient that epilepsy, similar to for example, dizziness or incontinence of speaking. Oligo-epilepsy is a benign epilepsy with a few and widely separated seizures. Inactive epilepsy either shows further seizure that occurs in spite of treatment or to be expected with a high probability with high seizures as a result of treatment one also shows inactive or compensated epilepsy.

Unprovoked epileptic seizures are seizures that occur without a recognizable relation with triggering conditions or situations. On the other hand occasional epileptic seizures or acute symptomatic seizure occur only under certain circumstances that

have been identified as seizure provoking or triggering conditions thus they have also been called provoked seizures. The best known examples of such conditions in elderly people are acute illnesses with direct or indirect participation of the brain such as cerebrovascular disorders, brain tumours, and head trauma, metabolic toxic damage including toxic side effects of antibiotics or other drugs as well as alcohol and drug withdrawal. Other trigger may involve lack of sleep or febrile infections. Febrile convulsions or febrile seizures as the most frequent form of occasional seizures occurring up to the fifth year of age are practically never encountered in the elderly. Other sporadic seizures as well as unprovoked seizures are also termed afebrile seizures.

Both epileptic seizures and epilepsy can be symptomatic, cryptogenic or idiopathic. The cause of symptomatic seizures or epilepsies is clearly recognizable, in the elderly for example, there is a close time relation between the first occurrence of seizures and a suffered brain damage in the form of a cerebrovascular seizures or epilepsies a cause of the above mentioned type may be assured with a high probability but cannot be unequivocally confirmed by the currently available diagnostic methods in other words they are thus assumed to be symptomatic seizures or epilepsies. The use of the terms idiopathic seizures or epilepsies is not uniform.

Although both the classification commission of the international league against epilepsy and neuro-pediatricians generally apply the term to genetically determined forms such as infantile epilepsy. Epilepsy is considered to exist only after the occurrence of repeated means at least two, unprovoked, late seizures. Early seizures after acute head injury do constitute a risk factor for the manifestation.

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