DIAGNOSIS OF FRONTAL LOBE EPILEPSY IN A 19-YEAR OLD FEMALE COLLEGIATE SOFTBALL PLAYER: A CASE STUDY

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Background Information: This case presents a 19-year old female division 3 softball player who experienced altered mental status beginning in October of her freshman year. Symptoms included staring spells, confusion, headaches, nausea, feeling “out of it”, momentary loss of consciousness, feeling lethargic, and occasional jerks. She has a past medical history of multiple concussions, and no pertinent family history. Differential Diagnosis: Post-Concussion Syndrome, seizure disorder, pseudo-seizures, Cerebral Hematoma. Treatment: After multiple emergency department visits, the patient was referred to a neurologist for further examination. Blood and urine samples were within normal limits. Computed tomography (CT) images were normal. Electrocardiogram (EKG) showed sinus bradycardia. Electroencephalogram (EEG) showed no epileptiform abnormalities, however it was noted that this did not rule out a seizure disorder. During a follow up with the neurologist, the patient was diagnosed with myoclonic epilepsy. The patient was prescribed 50mg of topamax twice a day. The dosage was increased to 100mg approximately one month later. The patient was educated of the risks of continuing to participate in athletics, but was not restricted from participation. Despite medication, seizure activity continued to occur, culminating in approximately twelve episodes of seizure activity in one week. Patient was then admitted to the neurology department of a local hospital where she was monitored for one week. During that time, no seizure activity occurred despite multiple stress tests designed to induce seizure activity. However after examination by a psychologist, patient was diagnosed with adjustment anxiety disorder. Upon release from the hospital, the neurologist continued to monitor the patient’s seizure activity with the use of a portable electroencephalogram (EEG) monitor. During this time no seizure activity was noted, however once all monitors were removed, seizure activity resumed. Over the summer the patient was seen by a different neurologist, who then changed her diagnosis to frontal lobe epilepsy. The neurologist then changed the patient’s medication to a combination of two different anticonvulsants: Levetiracetam and Lamotrigine. Uniqueness: This case is unique because the patient did not experience any seizure activity while under observation. This case is also unique due to the change in the original diagnosis from myoclonic epilepsy to frontal lobe epilepsy. Conclusion: This particular case emphasized the importance of referring individuals to the correct physicians, as well as educating the patient and the athletic training staff on general medical conditions that are not commonly seen. This case highlighted the importance of building and maintaining trust, as well as communication, between the patient and athletic training staff. Word Count: 439