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Non-convulsive status epilepticus: a treatable cause of confusion in pituitary apoplexy

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Abstract

Confusion occurring in pituitary apoplexy is well described. We describe a case of pituitary apoplexy associated with confusion, occurring as a result of non-convulsive status epilepticus. Electroencephalography should be performed in pituitary apoplexy associated with confusion if this treatable and potentially serious complication is not to be missed.

Key words: *Confusion, non-convulsive status epilepticus, pituitary apoplexy.*

Introduction

Non-convulsive status epilepticus is a rare cause of a confusional state and is probably unfamiliar to many neurosurgeons. We describe a case of pituitary apoplexy in which this occurred. The confusion cleared with appropriate treatment, prior to surgical removal of the pituitary.

Case report

A 60-year-old woman, with a 5-year history of chronic frontal headache, presented with increasingly severe generalized headache associated with vomiting for 6 days, and drowsiness for 2 days. On admission she was dehydrated, with a low grade fever (37.9°C) and tachycardia (12 min), but was normotensive (120/

seizure activity is poorly documented, despite the recognized occurrence of epilepsy secondary to local mass effects from pituitary adenomata.⁵

The case presented illustrates the usefulness of EEG in defining NCSE as the cause of stupor in our patient. Although EEG changes including diffuse slowing have previously been reported in pituitary crises,^{6,7} EEG is rarely performed in this setting. We therefore predict that if the initial working diagnosis had been pituitary apoplexy, rather than meningo-encephalitis we would not have performed an EEG and NCSE would not have been identified, which might have been to the detriment of the patient.

NCSE accounts for up to 20% of all cases of status epilepticus⁸ (the remaining 80% having convulsive status epilepticus) and is frequently missed.⁹ This is because, despite the usual presence of continuous epileptic activity on EEG, NCSE is essentially behavioural in presentation without prominent or any motor manifestations.¹⁰ Although considered by some to be a relatively benign condition,¹¹ certain types have been shown to be associated with serious morbidity and mortality.¹² Treatment is often effective.¹⁰ We would suggest that EEG should be performed in pituitary apoplexy associated with confusion to avoid missing this treatable and potentially serious complication.

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Primary petrous bone Ewing's sarcoma

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Abstract

A case of primary Ewing's sarcoma involving a large portion of the petrous temporal bone in an eighteen month old child is reported. The lesion was treated by radical surgery and adjuvant chemotherapy and radiotherapy. An extremely rare age of presentation, an unusual location and an excellent response to treatment are the highlights of this case.

Key words: *Chemotherapy, Ewing's sarcoma, petrous bone, skull base surgery.*

Introduction

Primary Ewing's sarcoma arising from the skull base in general and petrous bone in particular are extremely uncommon.¹⁻⁴ On our literature survey we located

three cases of primary Ewing's sarcoma involving the petrous bone arising either primarily within it or by virtue of secondary extension.^{1,2} An additional case of Ewing's sarcoma involving the petrous temporal bone is reported and the literature of the subject is reviewed.

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