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NEUROLOGICAL SYMPTOMS AND SYNDROMES IN EPILEPTIC PATIENTS AFTER NEUROSURGICAL TREATMENT

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Introduction: Among the methods of correction incurable epilepsies significant efficiency has sagittal dissection of corpus callosum in combination with cutting the front, the hippocampal commissure and intertubercular seam. Although in practice most of these patients does not experience difficulties in social adaptation, they are characterized by some of the "dissociative" phenomena that can affect the professional and daily activities of patients.

Aim: To determine the leading symptoms and syndromes, most typical for patients with operational commissurotomy, typical topical symptoms.

Materials and methods: Data of foreign and domestic clinical studies conducted among patients with acquired defects of corpus callosum.

Results: The most marked symptoms typical for lesions of the posterior third of corpus callosum. First syndrome is a syndrome referred to as anomie. It manifests itself in violations of naming stimuli entering the right hemisphere of the brain. If the patient touches objects with his left hand or receives only visual stimuli into the left semifield of view, the information goes to the parietal or the occipital region of the right cerebral hemisphere. After commissurotomy such a transfer does not occur and the perceived objects cannot be named. The difference of anomie from violations of nomination in aphasia is that when you receive the same information into the left hemisphere (right hand perception of the object, the presentation of stimuli in the right semifield of view), it can be easily named. It is important to note that at the basis of anomie do not lie disorders of gnosis and, as an object identifiable by touch may be selected either by using touch or visually from the group of other objects. The described phenomenon concerns not only naming objects but also letters. The second syndrome of corpus callosum lesion – syndrome of "diskopii-dysgraphii". It manifests itself in the fact that the patient becomes completely unable to write with his left hand and to draw (make rubbings) with his right hand. The diagnostic technique that allows to differentiate these symptoms from ordinary writing disorders and visuoconstructional activity is changing hands when performing tasks. Patients with commissurotomy are able to write with the right hand and to draw with the left hand. Damage of anterior third of the corpus callosum does not lead to visible damage of mental functions. Commissurotomy in medium sections of corpus callosum leads to, detectable in normal neuropsychological studies, disorders of transfer of skin-kinesthetic information from one hand to the other when performing tests for praxis-poses, tests for transfer of the touch point to the other arm, tests for the selection of object by it's form, presented to one hand with the other hand. Under the dichotic presentation of verbal stimuli the damage of middle sections of corpus callosum leads to a marked phenomenon of ignoring words presented to the left ear, i.e. coming into the right hemisphere of the brain.

Conclusions: The described symptoms of the disorder of mental functions in lesions of corpus callosum and techniques that allow to detect them provide a basis for addressing issues of topical diagnosis not only in terms of dysfunction of the hemispheric ties in general, but also in relation to the localization of the pathological process in their rear, middle or anterior regions.