Exogenous Testosterone Supplementation as Cause of Ischemic Stroke, Mediated Through Secondary Erythrocytosis

Fuad-al Ali et al
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64 incidences of convulsive or nonconvulsive seizures were observed between January 1, 2012 and February 28, 2018. In total, 49 patients had an event treated with the first AED within 60 min after detection. The duration of the hospital stays in patients who underwent continuous video electroencephalography (cvEEG) for patients who underwent continuous video electroencephalography (cvEEG) for those whose treatment was delayed (23.0 vs. 53.6%, p=0.02). The mortality rate in the former group was lower than that in the group which did not receive AEDs within 60 min (28.6 vs. 53.6%, p=0.02).

**Conclusion:** The current treatment approaches for SE at UNMC are inefficient with significant delay in delivery of medications after seizure detection; they may contribute to the prolonged hospital stay and increased mortality. In order to improve patient care, the existing protocol for the treatment of SE at UNMC must be revised.

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**Pharmacological Treatment of Status Epilepticus at UNMC: Assessment of Seizure Outcomes**

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**Program:** Neurology

**Objective:** To assess the effectiveness of treatment for status epilepticus (SE) at UNMC and determine patient health outcomes related to the delayed control of seizures

**Design/Methods:** Retrospective chart review was performed on 1565 adult patients who underwent continuous video electroencephalography (cvEEG) for suspected seizures between January 1, 2012 and February 28, 2018.

**Results:** 49 patients had and were treated for 64 incidences of convulsive or nonconvulsive seizures recorded on cvEEG or clinical seizures longer than 5 min which were documented by a neurologist. Among 64 cases, 55 incidences required the second AED treatment, and 40 out of 55 cases were treated with the third AED subsequently. The mean seizure detection-to-needle time for the first, second, and third antiepileptic drugs were 167, 239, and 297 minutes, respectively. Benzodiazepines were administered as the first AED in only 46% of all treated cases. The duration of the hospital stays in patients treated with the first AED within 60 min after seizure detection was shorter compared to those whose treatment was delayed (23.0 vs. 33.6 days, p=0.41). The mortality rate in the former group was lower than that in the group which did not receive AEDs within 60 min (28.6 vs. 53.6%, p=0.02).

**Conclusion:** The current treatment approaches for SE at UNMC are inefficient with significant delay in delivery of medications after seizure detection; they may contribute to the prolonged hospital stay and increased mortality. In order to improve patient care, the existing protocol for the treatment of SE at UNMC must be revised.

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