



# Generalized Tonic Clonic Seizure

## Epidemiology

- Most Common Generalized Seizure
- 1<sup>st</sup> Seizure: ~70% Never Seize Again
- 2<sup>nd</sup> Seizure: ~70% Will Seize Again

## Causes

Similar To AMS: MIST + Genetics

### Metabolic

- ↑/↓ Glucose      • ↓ Sodium
- Uremia            • Hepatic Enceph.

### Infection

- Encephalitis, Abscess, Septic Emb.

### Structural

- Vascular: Stroke, Cerebral Vein Thromb.
- Non-Vascular: Mass

### Toxin

- ETOH, BZD Withdrawal
- ↓ Seizure Threshold (e.g. Bupropion)

Genetics: • >30 Different Genes

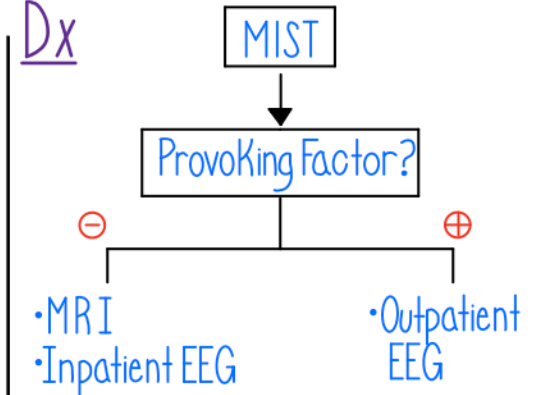
## Clinical Manifestations

- **Prodrome:** Consistent For The Patient
- Specific Aura (Dizziness, Déjà Vu, etc.)
- Some Have No Warning
- **Seizure:**
  - Abrupt Onset, Most Last Minutes
  - Loss Of Consciousness
  - Muscle Stiffening (Tonic), Jerking (Clonic)
  - Incontinence, Tongue Biting
- **Post-Ictal State:**
  - Confusion, Disorientation, Agitation
  - Can Last Hours

## Exam Labs + Imaging

- Focus On Focal Finding Neuro Deficits
- Lactic Acidosis (Rapid Rise + Fall), Elevated CK
- MRI >> CT Unless Bleed Suspected
- LP If CNS Inflammation Suspected

## Dx



## DDx

- Syncope
- Migraine
- Hypoglycemia
- Psychogenic Non-Epileptic Seizure

## Management

