

## Case Report

Mariam Alkhawaja.MD<sup>1</sup>, Issam Alkhawaja.MD,MSc<sup>2</sup>

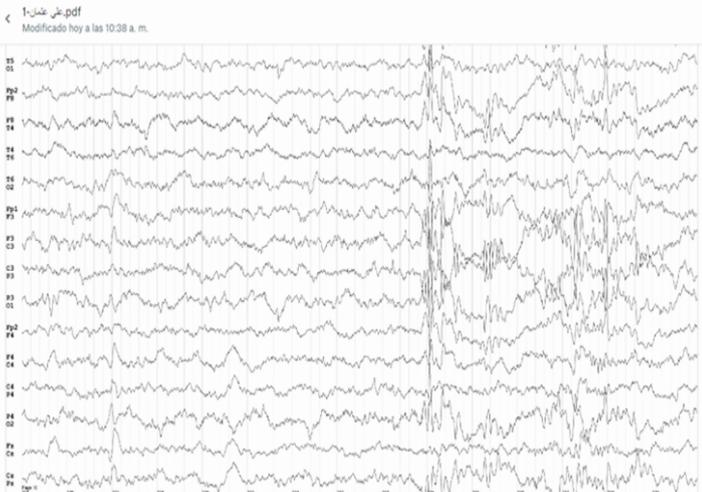
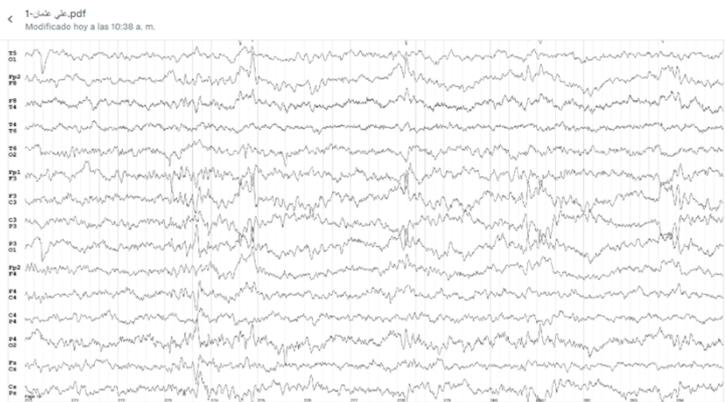
1. Neurologist. Prince Hamza Hospital. Amman, Jordan. 2. Pediatric Neurologist. Albashir Hospital. Amman, Jordan.

### CASE PRESENTATION:

An 8 years old male patient with mild Intellectual Disability, low school performance, Hyperactive behavior, was referred from a rural area, due to daily episodes, since 4 years, of 1-2 minutes duration, characterized by agitation, desperate behavior simulating urinary urgency, left hand catching external genitalia, decreased visual contact and communication with his surrounded, genital discomfort sensation and defecation (in few episodes), with no urination and. All episodes were preceded by unpleasant feeling in his stomach. For 2 years, these episodes were interpreted as a behavioral disorder.

**Brain MRI:** Initial Brain MRI at 6 years old was interpreted as normal. The Brain MRI was repeated 3 years later (August 2018), showing evident right temporal mesial sclerosis.

**EEG:** First EEG was a normal record, without any abnormalities or epileptic activity, second prolonged EEG showed Right Temporal-Frontal and Left Central Epileptic Activity, and started on Carbamazepine achieving good response of episodes.

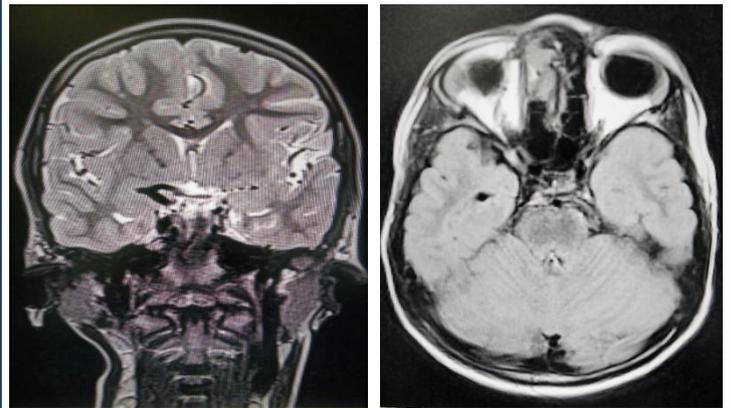


### DISCUSSION

Temporal lobe epilepsy is the most frequent epilepsy in the adult population<sup>1</sup>, presenting less frequent during childhood. The main etiologies of temporal lobe epilepsy in childhood are developmental tumors and focal cortical dysplasia, besides temporal medial sclerosis.<sup>2</sup> more than 75% evolve to a refractory epilepsy with major impacts on the physiological, neurobiological and social development.<sup>3</sup>

Identifying the temporal lobe epilepsy can be a challenge in some cases due to its extensive semiological variety of presentation, and sometimes can be confused with epilepsies that originate from other lobes, even with psychogenic events. That's why the knowledge and recognition of ictal and interictal phenomena allows an earlier diagnosis and adequate therapeutic approach.

**Ictal urinary urge** is a rare symptom of focal epilepsy usually localizing to the non-dominant hemisphere, due to the complexity and multiple localizations that controls micturition, and can presents as an aura or as an interictal symptom. The prevalence of ictal urinary urge ranges from (0.4 – 3%).<sup>4</sup>



### CONCLUSION

Ictal Urinary urge is a rare autonomic symptom that has a high lateralization value to the non dominant hemisphere, specifically the temporal lobe, and must be considered and differentiated than ictal urination.

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