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EEG CHARACTERISTICS OF DIFFERENT TYPES OF FOCAL EPILEPSY IN ADULT PATIENTS

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Abstract
The article investigated and analyzed EEG characteristics of different types of focal epilepsy in adult patients by the author.

Keywords: diagnosis, epilepsy, frontal, temporal, parietal, occipital, clinic, treatment.

Introduction

People over 18 rarely have childhood self-restricting epileptic syndromes or destructive infantile epileptic encephalopathies. With electroencephalographic video surveillance, frontal seizures can be divided into six groups:
1) focal clonik vosita;
2) assymetric tonic;
3) hyperkinetic (psychomotor, hypermotor, complex part);
4) operational;
5) abscess seizures;
6) seizures similar to medial temporal lobe epilepsy.

DISCUSSION AND RESULTS

Temporal lobe epilepsies are divided into two types, depending on clearly defined syndromes:
1) medial or amigdala-hyppocampal, which is associated with damage to the limbic system in deep parts of the temporal lobe;
2) lateral or neocortic, which is based on damage to the temporal neocortex. Classic signs of parietal epilepsy are paresthesia, usually the opposite of the source of the seizure. Patients can describe the symptoms of the ictal somatosensor as suckling, insomnia, tingling or cramping.
In occipital epilepsy, the ictical visual symptoms can be positive in the form of "bright blottings", "circles", "geese", "birds", "blotting bright spots", and more positive or negative in the form of "darkness before". eyes" (amauroz) or "black spots" (black scotomas). With occipital attacks, various okulomotor symptoms appear, for example, tonic theft of the eyelids.
In an outpatient setting, self-limiting epileptic seizures typical of childhood syndromes or destructive infantile epileptic encephalopathies are rare in people over the age of 18. We provide key information on epileptic syndromes, which are common in adult practice.
Frontal epilepsy: In this form of epilepsy, epileptogenic activity furnaces appear in frontal lobes, including orbitofrontal, frontopolar, dorsolateral, opercular, motor, and additional motor fields or in the singulate gyrus. The diversity of iccal manifestations of frontal seizures that seemed chaotic beforehand allowed for the separation of paroxysms emitted from the frontal lobe into 6 groups

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due to the widespread introduction of electroansephalographic video monitoring into a clinical practice:
1) focal clonik vosita;
2) assymetric tonic;
3) hyperkinetic seizures - HP (psychomotor, hypermotor, complex part);
4) operational;
5) abscess seizures;
6) paroxysms, similar to medial temporal epilepsy by their characteristics.
Focal clonic motor seizures are not accompanied by the seizure of a focal clonic motor, insulated, losing consciousness and serve as a reflection of the caviar activity in the primary motor area. This type of seizure is characteristic of various frontal and extrafrontal epileptic syndromes, leading to a secondary activation of the primary motor cortex.
Bodybuilding is a rhythmic contraction and loosening of the muscles that can be localized or spread elsewhere in the body (the "Jackson marsh"). The duration of the episode rarely exceeds 1-2 minutes.
After it is completed, Todd falaji is often observed, its localization has a great knowledge (paralysis is usually the opposite of the area where the attack began). During the postictal period, an electroencephalogram (EEG) may indicate local slowdown, and neuroimaging may indicate a temporary local brain tumor. **Asymmetric tonic seizures**
Asymmetric tonic seizures occur when a secondary sensorimotor industry is triggered. Episodes are short (10-40 s) and often consist of a two-way asymmetric growth with the theft, adding and lifting of the tone of the hands, lowering, bending of ankle joints without compromising the mind. Less often are observed are atheistic movements in the middle of the arm, foot or face, beating on the legs, pedal or walking movements, their tonic or distonic set-up. Before the attack, aura may appear in the form of tingling, lethargy or tension.
The tonic stage of the attack can begin with an unconcerned sounding, and after an attack there may be a lack of speech. Postictal confusion is extremely rare. Asymmetric tonic seizures are characterized not only by positive (tonic) but also by negative (atonic) tool manifestations. Gellastic seizures that occur when epileptogenic stoves are localized in the brain area under consideration are also described. The seizures arising from the additional motor zone are characterized by stable clinical manifestations: they begin in childhood and continue unchanged in adults. Currently, with the epilepsy of transition from generation to generation, a system that strictly contrasts symptomatic focal epilepsy with each other has disappeared and a certain appearance has been identified. This view is described by S.N. Davidenko: all manifestations of epilepsy can be put in one line, from one side to another only from generation to generation, and from the public, clear-looking exogenous state on the other. The concept of epilepsy remains in its power as a separate disease, and the task of clinical detection is not to strictly separate generalizovan epilepsy from phocal epilepsy, but to cause epilepsy to be caused by a small amount of other diseases, brain swelling, or abdominal infections and hawkosis." The name epilepsy is derived from the Greek word ♫ epilepsus, that is, I will cover it. The main sign of this disease is a disease in which the old Russian name of the wedge is falling. Even if the pan has a dent in it, the pan has a dent in it, and the pan has a dent in it, and the pan has a dent in it, and the pan has a dent in it. Clinical emergence of epilepsy, duration can be divided into two groups, depending on its character. The first group is epileptic paroxysms, which simultaneously appear sharply and occur in a short time. The second group is constant, when it is affected, when there is a change in the

intelligence, the personal circumstances of the patient. We consider each group separately according to the symptoms of the disease.

CONCLUSION

At present, there is no publicly accepted classification of epileptic paroxysm. Treating patients with epilepsy is one of the most complex problems, requiring a great deal of skill from a doctor. The resulting embryo was allowed to nutrents and then inserted into her womb, where it implanted. Focal attacks occur in a certain area of the body in the form of tremors, trembling of the head, the appearance of all kinds of things in the eye, the hearing of different voices in the ear, sudden fear, and the appearance of pain attacks observed in the abdomen.

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