Case Report

A 31-year-old woman, who was an ex-smoker (GA 36 weeks) born by Caesarean after spontaneous rupture of membranes, was referred to the our center for a year and a half prior presenting with abrupt sudden nocturnal seizures refractory to cetirizine, lamotrigine, and primidone. Epilepsy was confirmed by EEG and MRI of the brain revealed an abnormality within the left parieto-occipital region. The patient was made aware of her epilepsy symptoms and seizure awareness at the time, which at time presented to our epilepsy monitoring unit and was started on combination antiepileptic medication. For the last 6 months, she has been status epilepticus-free with the use of a combination of levetiracetam, topiramate, and lamotrigine. Muscle weakness and ataxia were noted in the patient’s neurological examination. She also had a left parieto-occipital high T2 signal on MRI.

The patient also had a DEXA scan within which the presence of a normal serum calcium level was observed. Routine hematological work-up was performed as part of the investigations into the patient's neurological symptoms. The patient’s levels of vitamin D were also found to be low. The patient was administered combination antiepileptic therapy, which has been showed to be beneficial for seizure frequency reduction in patients with mitochondrial DNA depletion disorders.

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