Abstract
The clinical manifestations of focal epilepsy depend on the functional specialization of the part of the brain which is the seat of the ignition. The temporal lobe, housing key structures of memorization (hippocampus and amygdala) and in close connection with other structures of the rhinencephalon (brain of instinctive, affective and emotional behaviors), can then be the source of behavioral disorders and memory in relation to its conflagration. We report the case of a 21-year-old girl who presented with recurrent and brief episodes of incoherent talk and inappropriate behavior. She also had memory problems, as well as generalized tonic-clonic seizures preceded by an ascending epigastric sensation. The waking and sleeping EEG tracings were normal, while the brain MRI showed right temporo-hippocampal atrophy. The diagnosis of temporal lobe epilepsy was retained and treatment with carbamazepine instituted. The evolution was favorable with a considerable reduction in seizures. Temporal lobe epilepsy can be confusing, but a good knowledge of the functional specialization of the temporal lobe can help straighten out the diagnosis.

Keywords: Behavioral disorders- Memory disorders- Temporal epilepsy-Thies.

Observation
We report the case of a 21-year-old girl with no particular history (perinatal, medico-surgical and gyneco-obstetrical) who had come to consult for repeated episodes of incoherent remarks and inappropriate behavior: releasing objects (having caused in particular loss of valuables and large sums of money), running away (the patient got up abruptly and left), self-exposure to dangers (for example, crossing the road when vehicles were traveling at high speed). These episodes lasted 2 to 3 minutes with a break in contact; they were preceded by ascending epigastric sensation and followed by total amnesia of the event. The patient also had episodes of retrograde amnesia; for example, the second time she came to see the neurologist, she had no memory of the first consultation with him and did not even recognize him. The clinical symptomatology was completed by generalized tonic-clonic seizures (GCTC) most often nocturnal with some exposure to dangers (for example, crossing the road when vehicles were traveling at high speed). These episodes lasted 2 to 3 minutes with a break in contact; they were preceded by ascending epigastric sensation and followed by total amnesia of the event. The patient also had episodes of retrograde amnesia; for example, the second time she came to see the neurologist, she had no memory of the first consultation with him and did not even recognize him. The clinical symptomatology was completed by generalized tonic-clonic seizures (GCTC) most often nocturnal with sometimes loss of urine. When these CGTC occurred exceptionally during the day, they were preceded by ascending epigastric sensation. The physical examination was normal. Paraclinically, the sleep-wake electroencephalographic tracings were normal (figure 1). Brain MRI showed left temporo-hippocampal atrophy (figure 2).

Introduction
Partial (focal) epilepsies are defined as all neurological, chronic, paroxysmal, recurrent manifestations related to a synchronous and excessive discharge of a cortical neuronal population initially limited to a portion of the brain [1]. The clinical manifestations of focal epilepsy depend on the functional specialization of the part of the brain which is the site of critical ignition [2]. The temporal lobe housing key structures of memorization (hippocampus and amygdala) and in close connection with other structures of the rhinencephalon (brain of instinctive, affective and emotional behaviors), we understand why epilepsies of the temporal lobe are associated, among other, with behavioral and memory disorders [3].

Mots-clés : Epilepsie temporale- Thiès - Troubles du comportement- Troubles de la mémoire.
Discussion

Despite the normality of the EEGs, we retained the diagnosis of temporal lobe epilepsy on the basis of the typical aura (ascending epigastric sensation), but also on the basis of the brief, recurrent, paroxysmal and stereotyped nature of the manifestations which, moreover, oriented towards the functional specialization of the temporal lobe [1,3,4,5]. A normal EEG cannot exclude the diagnosis of epilepsy, especially a surface recording and, moreover, an interictal recording [6]. Because it has been proven that even for ictal surface recordings relating to certain forms of seizures of temporal lobe origin, no abnormality is noted on the EEG [7]. A treatment with carbamazepine (10µg/kg/d) was initiated in our patient. After three months, a noticeable improvement in motor seizures and behavioral disorders was noted. However, memory disorders persisted, which were sources of learning difficulties and therefore had a negative impact on the patient’s school results. In any case in children, and therefore probably in adults, these memory deficits are known to be more resistant to treatment [8]. Our patient therefore had authentic complex temporal seizures secondarily generalized in the tonic-clonic mode [9]. Temporal epilepsy is known for its semiological richness based on the complexity of neural circuits involving the temporal lobe and sometimes even extending to juxta-temporal structures [10].

Conclusion

Temporal epilepsy can be confusing, particularly in terms of its psychiatric-like manifestations, especially since the EEG can also be normal. Knowing the functional specialization of the temporal lobe can then help to rectify the diagnosis, especially in the case of an objectified temporal lesion.

Références