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Juvenile Myoclonic Epilepsy

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An epileptic seizure results from neurologic dysfunction with abnormal neuronal firing, manifesting as changes in motor control, abnormal sensory perception, abnormal behavior, and/or abnormal autonomic function (Stottrup & Rho, 2014). Epilepsy results from cellular level biochemical processes that promote aberrant electrical activity causing neuronal hyperexcitability, and hypoxiaemypathy (Stottrup & Rho, 2014). Juvenile myoclonic epilepsy is an idiopathic generalized convulsive syndrome (Carroll, 2013). JME symptoms are triggered by sleep deprivation, gestational hyperexcitability (Korff, Nordli, & Eichler, 2014). However, most patients’ presenting symptoms are idiopathic generalized tonic-clonic seizure, and absence seizures (Korff, Nordli, & Eichler, 2014). JME typically manifests in patients under the age of 20 (Korff, Nordli, & Eichler, 2014). It is characterized by complex partial seizures, simple partial seizures, and tonic-clonic seizures. However, some patients may have myoclonic jerks, generalized and focal epilepsies. Genomes, C.M., Ostertag, H.C., et al., (2014). Pathophysiology of seizures and epilepsy. Epilepsy Foundation. Retrieved from: http://www.epilepsy.com/learn/about-seizures/juvenile-myoclonic-epilepsy.


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