

Metabolic Disorders Caused by Seizure Events

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We know that the membrane potential, both presynaptic and postsynaptic, is so altered that electrolyte disorders can have serious repercussions on other organs.

If sodium enters the postsynaptic membrane and potassium leaves, the latter is not reabsorbed and begins to raise its concentration to the serum level, in a seizure event, we are not talking about an affected neuron, thousands or millions of cells are altered, then we should multiply the serum concentration of potassium by thousands or millions and we can have sufficient grounds to think that it can significantly alter cardiac conduction which would be seen in the lengthening of the P wave. We must also think about the potential kidney damage that can cause a repetitive seizure event.

Now, we must also take into account that in a seizure event, neurons consume 500 or more ATP molecules per second, so we must also consider that the patient with seizure events can hypoglycemia so that in repetitive seizure events, the patient can get to do a Cori cycle since they also have hypoxemic periods.

Therefore, I propose that when we have a patient with repetitive seizure events, perform an EKG, serum potassium levels, central glycaemia and why not, until liver function tests, as we know that there are no chronic seizure patients with obesity.

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