

data showed focalized slow spike – wave: theta waves right F – C – T and T posterior spike. Hyperventilation has induced F bilateral extension, without secondary generalization. Photic stimulation test maintains focalized epileptic activity. Lamotrigine was initiated in increasing doses reaching the therapeutic dose – 200 mg/24 hours. Epileptic seizures have not recurred. Free period of seizures - 3 years with antiepileptic treatment. EEG and cerebral MRI monitoring were performed regularly, once a year over the last 3 years. Cerebral MRI did not reveal adjacent lesions. EEG showed the disappearance of sharp waves and the persistence of slow F – C right waves.

**Conclusions.** According to the literature data, the seizures could repeat at any time, i.e. over 5 years or 10 after the stroke. In the 3-year period without seizures probably there was no transformation of a structurally damaged brain into an epileptic one. The last definition of epilepsy by R. Fisher confirmed that one epileptic seizure cannot be epilepsy. The severity and location of the infarction advocates a vascular epilepsy, not epileptogenic foci.

**Key words:** stroke, seizures, antiepileptic drugs

## **19. TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA – A DIFFICULT CHOICE FOR SEVERE COMPLICATIONS: A CASE REPORT**

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**Background.** Chronic lymphocytic leukemia (CLL) is the most common form of adult leukemia in the western European countries and is characterized by the relentless accumulation of monoclonal B cells with the appearance of small mature lymphocytes and with a characteristic immunophenotype. Even with the right treatment, this disease is known to have a variable course: some patients die within one year after diagnosis while others live for longer than ten years.

**Case report.** A 59-year-old female with a past medical history of ischemic cardiopathy and hypothyroidism was admitted to the Haematology Unit of Mures County Emergency Hospital with severe anemia, chronic fatigue and leukocytosis. After the anemia was corrected, the diagnosis of chronic lymphocytic leukemia was confirmed by complete blood count and immunophenotyping for which the patients was only observed for 2 years. Due to the secondary severe anemia the treatment with Fludarabine is started as monochemotherapy first line treatment. After one month the patient is hospitalized with severe anemia with Coombs' test positive for which methylprednisolone is administered for one week and COP chemotherapy is induced. Because of the gastrointestinal side effects, the COP chemotherapy is ceased and Fludarabine treatment is reintroduced. The treatment is continued for one year but the multiple side effects (hemolytic anemia, herpes zoster, Listeria meningitis) determined cessation of Fludarabine and Chlorambucil treatment was introduced. The treatment with Chlorambucil was continued for 3 years. Even though the patient supported well the treatment, the splenomegaly has progressively increased (from 3 cm to 8 cm) and the infectious diseases appeared (Acinetobacter pneumonia and pharyngeal candidiasis).

**Conclusions.** Even though the treatment is accordingly to the actual international guides, the individual responsibility to the drugs and the unpredictable evolution of this disease may be a challenge in treating chronic lymphocytic leukemia.

**Key words:** chronic lymphocytic leukemia, treatment, drug selection, side effects

## **20. FORENSIC ASPECTS OF NON-TRAUMATIC INTRACEREBRAL HEMORRHAGE: A CASE REPORT**