Dear Editor,

We have carefully read the review of Verrotti et al. analyzing the differences between epileptic and non-epileptic seizures (1). It is of utmost difficulty for every clinician working in neurology outpatient clinics to differentiate epileptic patients from those presenting with syncope and other differential diagnostic possibilities. Therefore, we believe that the article published in your journal reviewing many original articles would be of great assistance. The authors have systematically reviewed the subject and presented practical information that would be useful to the clinicians. They first cited the frequency of non-epileptic psychogenic seizures in epileptic patients and then presented some clinical clues.

The onset of the seizure used in the differential diagnosis of syncope, movement synchronization, types of behavioral changes, vocalization, all mentioned by the authors, could often not be seen by clinicians and the information obtained from the patients’ relatives is mostly insufficient. The clinicians can gain information on the seizure semiology by EEG monitoring or if a video recording of the seizure was obtained by the patients’ relatives. Laboratory techniques, such as video-electroencephalographic (EEG) monitoring help clinicians and video EEG monitoring is accepted as the gold standard in the literature for the differentiation of epileptic and non-epileptic seizures. Furthermore, techniques other than EEG used in the differentiation have been reported in the relevant literature. In a multicenter study conducted by Aydin et al., it was stated that increased serum prolactin and nesfatin-1 levels and decreased ghrelin concentrations can be used in the differentiating epileptic seizures from non-epileptic seizures (2). In a review by Cragar et al., it was stated that serum prolactin levels can be used as a marker in the differentiation if measured in the first 30 minutes (3). Odabaşı et al. also reported that serum prolactin levels were found to be high after epileptic seizures (4). Moreover, in a study by Ettinger et al., it was found that post-ictal SPECT is a potential method to be used in differentiating epileptic from non-epileptic seizures (5). Verrotti et al. did not report these studies in their review. There is a need for larger studies and stronger evidence to emphasize the importance of these methods. We believe that in the future these laboratory investigations would be of benefit to the clinicians in some selected cases. The aim of this letter was to remind the readers of the presence of these possible methods awaiting further confirmation for their diagnostic value in the differential diagnosis of epileptic and non-epileptic seizures.

References