## **International Conference 2025**

5th - 6th December 2025

## Psychogenic Nonepileptic Seizures Mimicking Status Epilepticus in a Veteran with PTSD and Trauma History

## **Carrine Kogulan**

Kansas City University, United States

## **Abstract:**

Status epilepticus is a neurological emergency that may result from uncontrolled epilepsy, metabolic imbalance, or medication effects. Differentiating epileptic seizures from psychogenic nonepileptic seizures (PNES) is critical for accurate diagnosis and management.

A 54-year-old male with epilepsy, migraines, diabetes, chronic pain, and hypothyroidism presented via EMS in status epilepticus after reportedly having 20 seizures over 1.5 hours despite 2 mg of Ativan given by his wife. In the ED, he was unresponsive and received 1500 mg IV Keppra and 200 mg IV Vimpat, terminating the seizures. His Vimpat had been discontinued a week earlier due to transaminitis. Prior evaluations at multiple centers, including EEG, EMG, CT, and lumbar puncture, were unremarkable.

Following stabilization, he reported progressive right-sided numbness and bilateral leg weakness for the past 1–2 months, resulting in wheelchair use. Laboratory results were inconclusive with a positive toxicology screen for barbiturates and benzodiazepines. CT head was negative. He had recently started a PCSK9 inhibitor, which has rarely been linked to seizure activity. Psychiatric evaluation revealed marital stress, anxiety, prior military service with wartime trauma, childhood physical abuse, and passive suicidal ideation.

While his presentation initially suggested breakthrough epilepsy, his normal imaging, inconsistent neurological findings, and trauma history supported a diagnosis of PNES. These events often reflect underlying psychological distress or trauma, particularly in veterans with post-traumatic stress or anxiety disorders. Recognizing PNES prevents unnecessary escalation of antiseizure therapy and allows timely psychiatric intervention.

This case underscores the importance of considering PNES in patients with recurrent seizures, negative workups, and significant psychosocial stressors. A multidisciplinary approach addressing neurological and psychological factors is essential for optimal care.