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**p179 | Differences in Clinical Characteristics of Epilepsy According to Epidemiological Study in Two Regions of Ukraine**

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**Purpose:** Kharkiv and Transcarpathia regions of Ukraine are very different in geographical, social, economic, ethnic and cultural characteristics.

**Method:** Using the electronic register of epilepsy, which based on information from medical records were studied

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1142 adult patient in the Kharkov region and 743 in Transcarpathia.

**Results:** Studying clinical structure of epilepsy in Kharkiv region revealed prevalence of symptomatic forms (46,0%) cases without qualification etiological forms of epilepsy (27,6%). Cryptogenic and idiopathic forms had 17,6% and 8,7% of patients, respectively. In Transcarpathia cryptogenic epilepsy was diagnosed in 60,6%, idiopathic - 31,2% and symptomatic - 7,4%. Not diagnosed form of the disease in Transcarpathia was very rare - 0,8%. All this demonstrates the clear differences in the spectrum of the diagnosis of various forms of epilepsy in these regions. Symptomatic epilepsy in the Kharkiv region was result of head injury 42,3 % and CNS infections - 24,3%, in Transcarpathia strokes - 45,5%, tumors - 9,1% head injury - 7,3%. Composition of the etiological factors of symptomatic epilepsy is very different in regions. The types of seizures analysis in Kharkiv and Transcarpathia regions show the next - in Transcarpathia and Kharkiv prevalent primary generalized seizures by 35,2% and 45,5%, respectively. Behind them are partial seizures with secondary generalization and 32,3% and 21,8%, respectively, followed by the frequency of partial seizures are 27,7% and 16,8%, respectively. Absence seizures and myoclonic seizures, as expected, in the Transcarpathia are rare, and in Kharkiv region is absence seizures account for 12,4%, which is the difference of the Kharkiv region.

**Conclusion:** Differences in the clinical characteristics of epilepsy among patients Transcarpathian and Kharkiv regions, obviously, is a consequence not only natural, geographical and ethnic factors but also subjective diagnostic features, which proves the necessity for further unification of the medical statistics check.

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