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VÄSTRA
GÖTALANDSREGIONEN
SAHLGRENSKA UNIVERSITETSSJUKHUSET



Wallenberg Centre for
Molecular and Translational
Medicine

Poststroke epilepsy; epileptogenesis and biomarkers

Johan Zelano
MD PhD

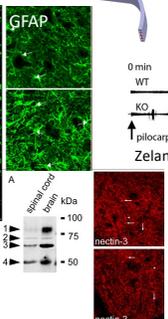
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From neural networks to epilepsy



synaptophysin Axotomized
Unlesioned



GFAP
nestin-3



0 min WT
90 min
KO
↑ pilocarpine
Zelano 2013, Exp Neurol



A model of poststroke epilepsy in the mouse
Johan Zelano, Department of Neuroscience, Uppsala university*

Introduction
Epilepsy is a complex disorder and its pathogenesis is still unclear. The epileptogenic process is thought to involve a series of changes in the brain, including neuronal loss, synaptic plasticity, and changes in gene expression. We have used a systems biology approach to identify genes that are differentially expressed in the brain of mice with poststroke epilepsy. We found that a set of genes, including several transcription factors, is upregulated in the epileptic brain. These genes may play a role in the development of poststroke epilepsy.

Results
We found that a set of genes, including several transcription factors, is upregulated in the epileptic brain. These genes may play a role in the development of poststroke epilepsy.

Conclusions
Autologous injection of blood in the mouse cortex may be a useful way to model epileptogenesis after stroke. Our observations for nested transcription factors used in this study to model epileptogenesis. The identified candidate genes used in this study to model epileptogenesis. The identified candidate genes used in this study to model epileptogenesis. The identified candidate genes used in this study to model epileptogenesis.

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Epilepsy after stroke is common

- Cerebrovaskular disease is the most common identifiable cause of epilepsy (14-21%).
- Risk after stroke varies with method. Infarction 6.4% (UK), ICH 13.5% (Finland)
- Risk factors are young age, large stroke, cortical lokalisation, acute symptomatic sz and bleeding.

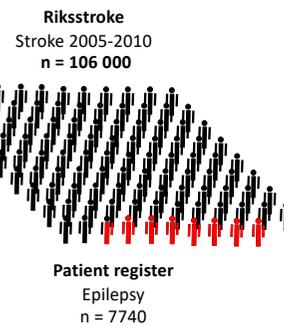
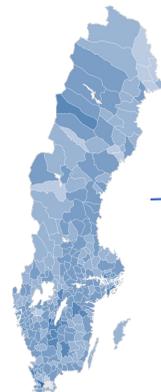
1015 first seiures in Stockholm 2001-2004:

Etiology	%
Stroke	11
Brain tumor, primary	8
Trauma/metastasis/dementia	<3%
Unknown	65%

Lahti 2017, Graham 2013, Forsgren 2005, Adelöw 2008

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Epilepsy after stroke

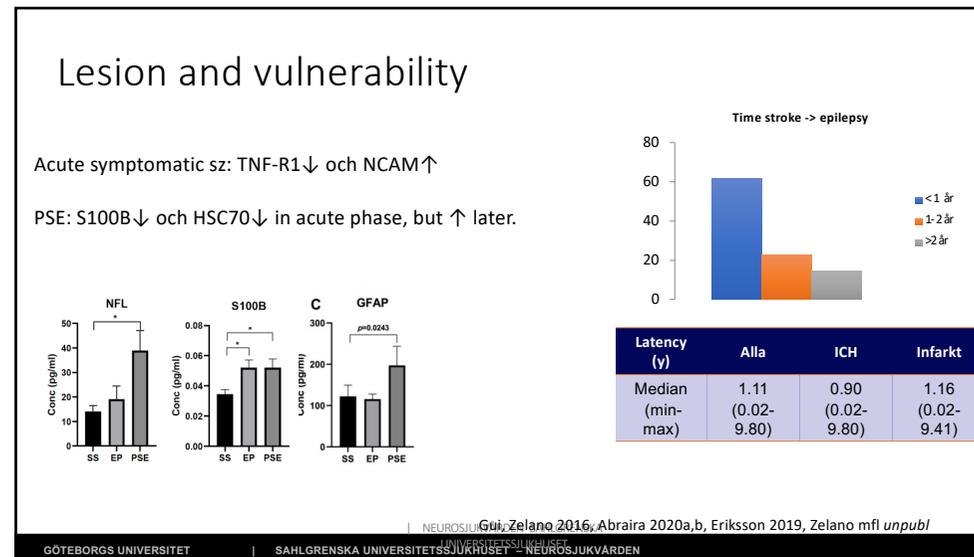


Total 7.3%
Infarction 6.4%
ICH 12.4%

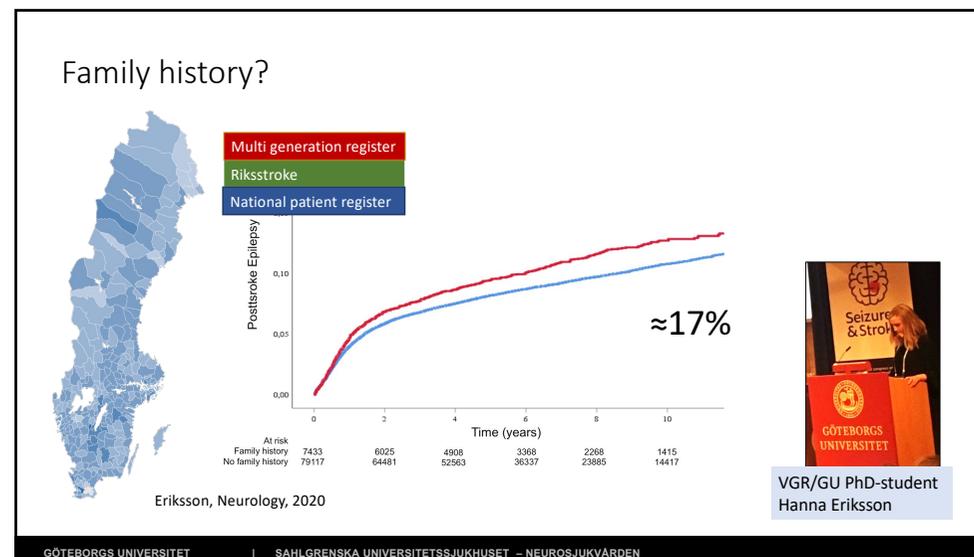
Risk factors
Ung ålder
Stor stroke
Blödning
Förmaksflimmer

Zelano 2016, Eur stroke journal
Hansen 2017, Plos ONE
Larsson 2019, Seizure

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Can the risk be reduced?

- Valproate 1 mo after ICH reduces sz risk, but not 1-y risk of PSE (Gilad 2011).
- Statins lower risk PSE? (Etminan 2010, Guo 2015).

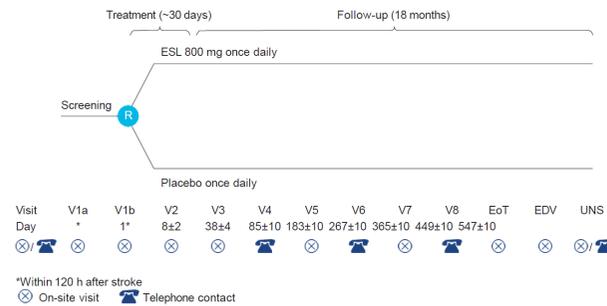
Statins	Crude RR	ARR	95%CI
No use	1.00	1.00	1.00
Current use	0.65	0.65	0.46–0.92
Past use	0.67	0.72	0.39–1.30

RR of epilepsy, Etminan 2010

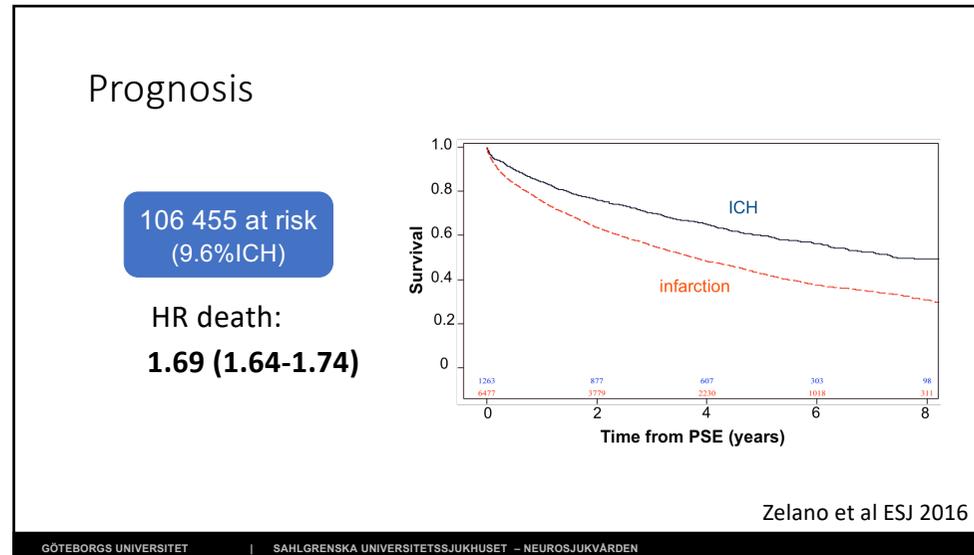
In patients w acute symptomatic sz
OR 0.34, 95% CI 0.13–0.88

OR of epilepsy, Guo 2015

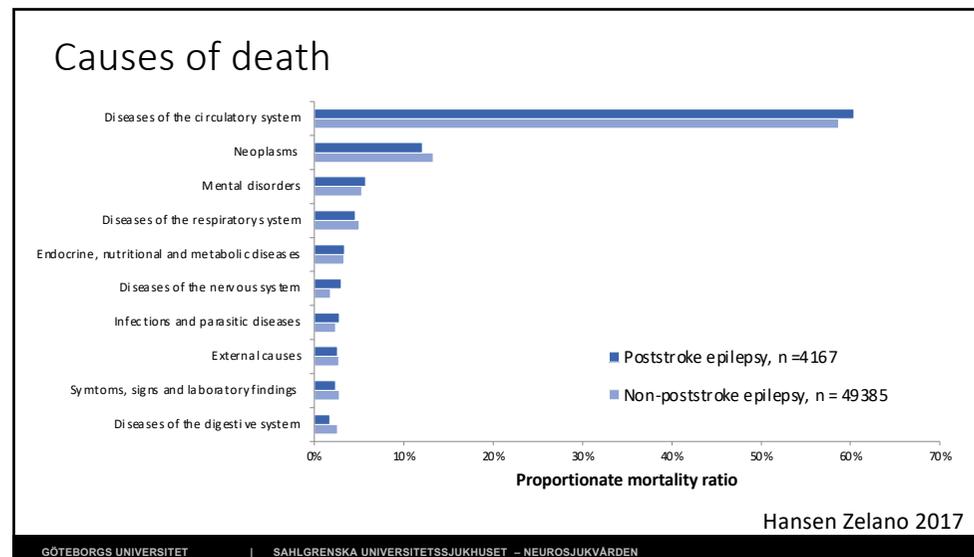
The quest goes on...



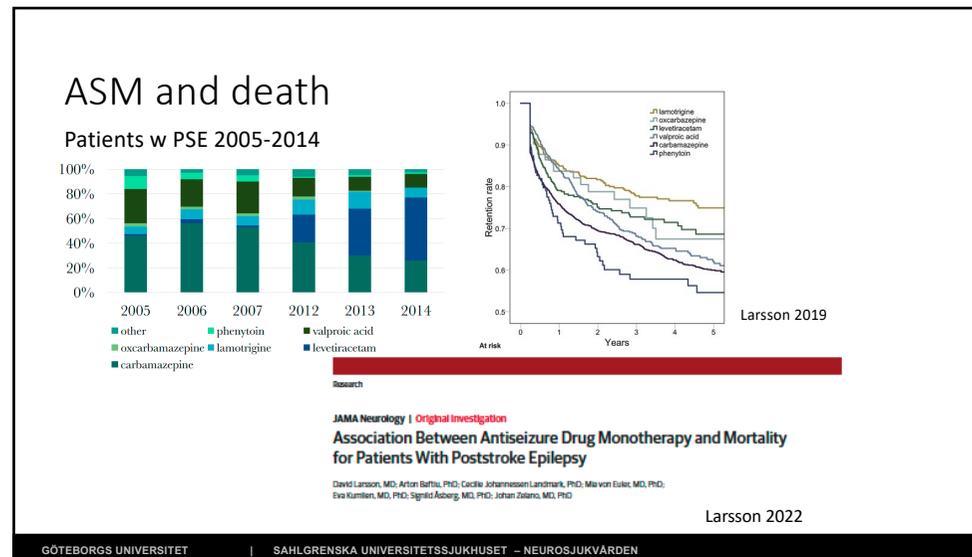
Koepp et al, Epilepsia Open, accepted



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Pre stroke seizures

Results

Seizures preceding stroke

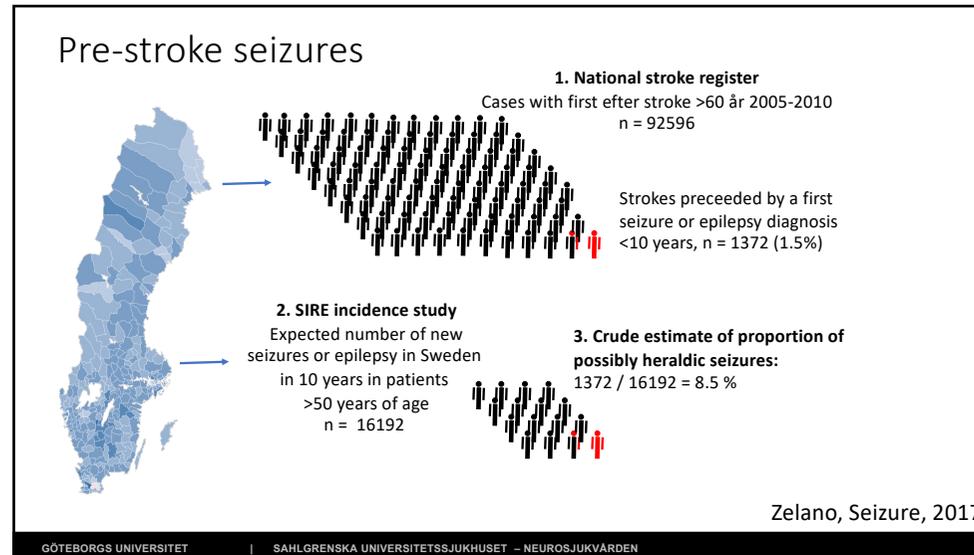
Nineteen of the 675 patients (3%) registered with the Oxfordshire community stroke project gave a history of one or more seizures before their first stroke or had documentation of past seizures in their medical record. = 1.6%

Eleven of the 19 patients had had a seizure in the year before the stroke: in seven this was a first seizure, and four of these seven patients had partial motor seizures in the same limb as was subsequently affected by the stroke.

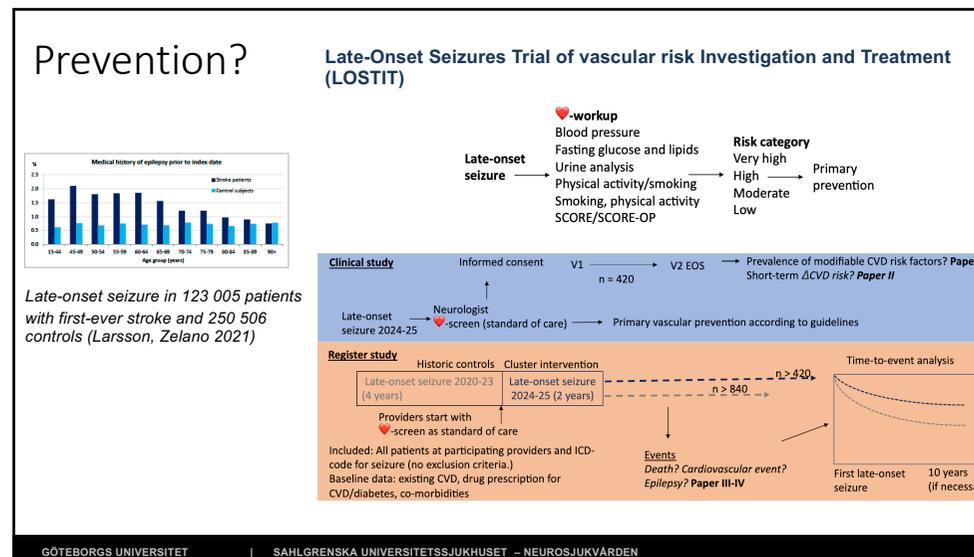
Burn 1997

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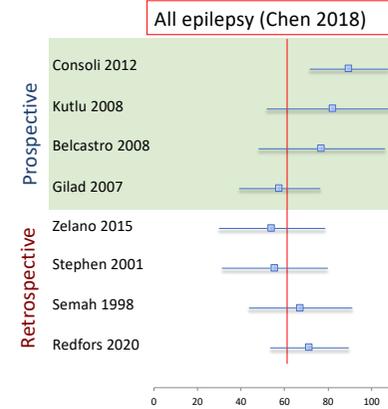
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Seizure prognosis?

- Easy to treat?.
- Some studies 80-90% on first ASM.
- Short latency stroke-epilepsy indicates worse treatment response.¹



1. Lattanzi et al, Eur J Neurol, 2022

Summary

- PSE is an indicator of high vascular risk.
- Interesting questions:
 - can vascular primary prevention after a late first seizure prevent stroke or epilepsy?
 - can better ASM treatment reduce mortality?
 - can PSE be prevented?

PREDICT

en biobanksstudie av epilepsi i VGR

Vill du delta i forskning om epilepsi?

Vi söker efter nya yngre personer i Sahlgrenska Universitetssjukhuset som vill delta i en studie av epilepsi.

Göteborg
Sahlgrenska universitetssjukhuset
Angrens sjukhus
Fridlands specialistjukhus

Proteomics

Brain injury markers

NFL
Plasma NFL (pg/ml)
No seizures >1ye# Seizures >2 months

GFAP
Plasma GFAP (pg/ml)
No seizures >1ye# Seizures >2 months

Database Biobank

Study center: Patient, Blood (whole, serum, plasma), CSF (if LP), Survey (yearly)

Medical records: Visits, clinical data, Investigations (lab, imaging, EEG)

National registers: Socioeconomic data, Diagnoses, Prescribed drugs, Cause of Death

Partners: Proteomics, SciLifeLab Proteomics and Olink, Brain injury markers

Eriksson 2020, Epilepsy and behav
Banote 2021, Epilepsy Research

WCMTM PhD-student
Sarah Akel

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Advance neurobiological understanding, diagnosis, and treatment of epilepsy through big data, precision medicine, biomarkers, and clinical trials.

Zelano group

Coordinators
Judith Klecki
Erica Torstensson

PhD students
Samuel Håkansson
Sarah Akel
Markus Karlander

Postdocs
Klara Andersson
David Larsson
Recruiting

Researchers
Olha Nika
André Idegård

POST DOC WANTED!

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Ongoing or planned projects PSE

- Biochemical markers of seizures and side effects in PSE (PREDICT)
- Seizure prognosis (PREDICT)
- (fMRI study)
- Register study of long term outcomes (ASM, side effects - planned)
- LOSTIT (planned)

Registration open on www.stess2023.se

International Congress on Structural
Epilepsy & Symptomatic Seizures – STESS
29-31 March 2023 | Gothenburg, Sweden

Endorsed by:



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