



## Migralepsy: from hypotheses to controversies

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### Introduction

Migralepsy, defined by the third edition of the International Classification of Headache Disorders as an epileptic seizure triggered by a migraine attack with aura, is a rare condition and a subtype of headache. Its uncertain definition and divergent points of terminology and origin make scientific research difficult.

### Objective

To investigate current knowledge about Migralepsy, addressing its possible causes and the controversy surrounding its classification.

### Method

Integrative review according to PRISMA, using PubMed, SciELO and MEDLINE. Fifty-six relevant studies were found, and non-pertinent articles were disregarded. Tested Hypotheses: 1- Migralepsy is a condition characterized by epileptic seizures triggered by activation of the trigeminal-vascular system during a migraine attack with aura; 2- Current terminology and diagnostic criteria, such as "seizure triggered by migraine" and "hemicrania epileptica", may be contributing to diagnostic confusion and need to be revised.

### Results

The studies reveal confusion between Migralepsy and terms such as "seizure triggered by migraine" and "hemicrania epileptica". It is recommended to exclude these terms from the ICHD-II and consider introducing "ictal epileptic headache" into the ILAE. The hypothesis of activation of the trigeminal-vascular system by widespread cortical depression is often discussed, and the actual existence of migralepsy is questioned.

Purpose of Information

The review aims to clarify what is known or assumed about migralepsy, from its causes to its controversial classification, as well as providing a clearer and more critical understanding of migralepsy, helping to distinguish between migraine with aura and epileptic crises.

### Clinical importance

Contribute to the development of more precise diagnostic criteria and appropriate terminology, improving the accuracy of diagnoses and clinical management. It highlights the need for additional, detailed research, which is crucial to validating the existence of migralepsy and defining its pathophysiology.