



Electroclinical Syndromes: Less Specific Age-Relationship

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Learning Objectives:

- 1. Given a set of clinical data the learner will be able to differentiate between mesial and lateral genetic temporal lobe epilepsy
- 2. Given a set of clinical data the learner will be able to identify a potential case of genetic frontal lobe epilepsy
- 3. The learner will be able to describe the genetic mutations associated with temporal and frontal lobe epilepsy.
- 4. The learner will be able to describe the common triggers associated with reflex epilepsy

Topic Outline:

- 1. Mesial Temporal Lobe Epilepsy
 - a. Clinical Features
 - i. Typical Auras
 - 1. Emotional
 - 2. Autonomic
 - 3. Sensory
 - ii. Seizure Progression
 - 1. Automatisms with or without altered awareness
 - 2. Rare secondary generalization
 - b. EEG features
 - i. Inter-ictal: anterior temporal lobe
 - ii. Ictal: alpha/theta onset
 - c. Imaging features
 - i. MRI: Hippocampal sclerosis
 - ii. FDG-PET: Temporal lobe hypometabolism
- 2. Lateral Temporal Lobe Epilepsy





- a. Clinical features
 - i. Varied depending on location of ictal onset
 - 1. Temporal pole/ basal: often appear mesial
 - 2. Lateral/perisylvian: aphasia/auditory auras
 - 3. Posterior Temporal: visual auras
 - ii. Rapid secondary generalization
- b. EEG features
 - i. Inter-ictal: Mid-posterior temporal
 - ii. Ictal: paroxysmal fast/beta or polymorphic delta onset
- c. Imaging features
 - i. MRI: Varied lesions including cortical dysplasia, vascular malformations, tumors and trauma
- 3. Genetic Temporal Lobe Epilepsy
 - a. Mesial Temporal Lobe
 - i. Familial form identified
 - ii. Genetic cause unknown
 - b. Lateral Temporal Lobe
 - i. Familial
 - 1. Leucine rich, glioma inactivated 1 (LGI1) gene
 - ii. Sporadic
 - iii. Clinical features of each
- 4. Frontal Lobe Epilepsy
 - a. Brief description of frontal lobe semiology
 - b. Genetic Frontal Lobe Epilepsy
 - i. Common semiology
 - ii. Family history
 - iii. Genetic mutations
- 5. Reflex Epilepsy
 - a. Definition
 - b. Specific Triggers
 - i. Visual Stimuli
 - ii. Reading
 - iii. Cognitive
 - 1. Language
 - 2. Thinking
 - iv. Music
 - v. Eating
 - vi. Miscellaneous
 - c. Pathophysiology









References:

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- 2. Boillot M, Baulac S. Genetic models of focal epilepsies. J Neurosci Methods. 2016 Feb 15;260:132-43.
- 3. Koepp MJ et al. Reflex seizure, traits, and epilepsies: from physiology to pathology. Lancet Neurol. 2016 Jan;15(1):92-105.
- 4. Kasteleijn-Nolst Trenite D, Andermann F. Epilepsy with Reflex Seizures. In Wylie's Treatment of Epilepsy: Principles and Practice. Wyllie E, ed. Philadelphia PA: Wolters Kluwer, 2015: 293-306.