

Semiology in generalized epilepsy



조규호
연세의대

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Semiology is a keystone of epilepsy diagnosis

- Diagnosis of Epilepsy is based on thorough history
 - ✓ Requires 2 unprovoked seizures.
 - ✓ EEG and MRI are important but only supportive evidences.
 - ✓ Semiology is essential in epilepsy diagnosis, classification, and basement of appropriate treatment.

Semiology?: a branch of linguistics concerned with signs and symptoms.

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International Classification of Seizures

ILAE Seizure Classification 1981

- I. Partial Seizures
 1. Simple partial Sz
 - with
 - motor signs, sensory symptoms
 - autonomic symptoms & signs, psychic symptoms
 2. Complex partial Sz
 - simple partial onset f/b impairment of consciousness (IOC)
 - IOC at onset:
 - IOC only
 - IOC and automatisms
 3. Partial Sz evolving into secondarily GTCS
- II. Generalized Seizures

1. (clonic) tonic-clonic	2. absence	3. myoclonic
4. tonic	5. atonic	6. clonic
- III. Unclassified

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Semiological Seizure Classification (Lüders et al., 1998)

- ❖ **Aura**
 - somatosensory
 - visual
 - auditory
 - gustatory
 - olfactory
 - autonomic
 - abdominal
 - psychic
- ❖ **Autonomic Sz (documentation of autonomic dysfunction)**
- ❖ **Dialeptic Sz (predominant Sx is altered consciousness)**
 - typical dialeptic Sz (consistent with typical absence Sz)
- ❖ **Motor Sz**
 - simple motor:
 - myoclonic, - tonic, - clonic, - spasm
 - tonic-clonic, - versive
 - complex motor:
 - hypermotor, - gelastic, - automotor
- ❖ **Special Sz (Szs difficult to classify into one of above 4 types)**
 - atonic
 - astatic
 - hypomotor
 - akinetic
 - negative
 - aphasic

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Descriptive Terminology for Seizure (Blume, 2001; Fisher, 2017)

- Epileptic spasm (formerly infantile spasm)**
 - sudden flexion, extension, flexion-extension of predominantly prox. muscles (longer than myoclonus, ~1s). Limited forms: grimacing, head nodding... Infantile spasms are the best known form, but spasms can occur at all age
- Myoclonic seizure**
 - sudden, brief (<100 ms) involuntary single or multiple contractions of muscle or muscle group.
- Tonic seizure**
 - sustained muscle contraction lasting a few seconds to min.
- Atonic seizure**
 - sudden loss or diminution of muscle tone without apparent preceding myoclonus or tonic event lasting 1-2 s.
- clonic seizure**
 - Jerking, either symmetric or asymmetric, that is regularly repetitive and involves the same muscle groups
- Astatic seizure**
 - loss of erect posture that results from an atonic, myoclonic, or tonic mechanism (synonym: drop attack).
- Dystonic**
 - Sustained contractions of both agonist and antagonist muscles producing athetoid or twisting movements, which may produce abnormal postures

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Cases

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M/9 m



- ❖ Epileptic spasm (former infantile spasm): sudden flexion, extension, flexion-extension of predominantly prox. muscles (longer than myoclonus, ~1s)
- ❖ Epileptic spasm: Usually in cluster, flexor spasm is most common. Head nodding is common.

West syndrome

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M/2 yrs



- ❖ Epileptic spasm: Asymmetric spasm is not infrequent. Sometimes it shows complex movements.

West syndrome

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EEG



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spasms can occur at all age (focal spasm in leg)



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M/19



- ❖ Tonic seizure: sustained muscle contraction lasting a few secs to min.

Lennox-Gastaut syndrome

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F/29



❖ Tonic seizure:
The most frequent seizure types of “drop-attack seizure.”

Lennox-Gastaut syndrome

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M/19

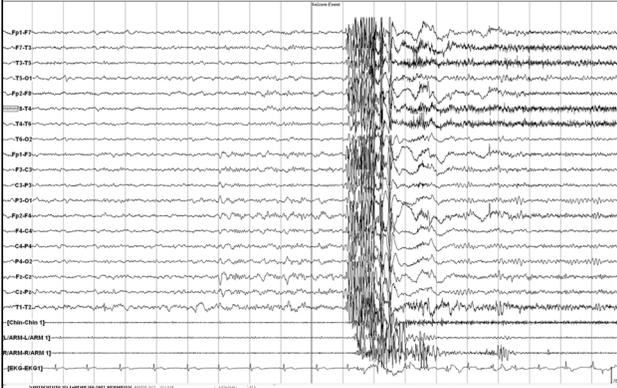


❖ Gen Tonic seizure:
Bilateral symmetric tonic contraction of somatic muscles.

Lennox-Gastaut syndrome

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M/17



❖ Gen Tonic-clonic seizure:
Bilateral symmetric tonic contraction of somatic muscles and then bilateral clonic contraction of muscles.

Lennox-Gastaut syndrome

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F/14 m



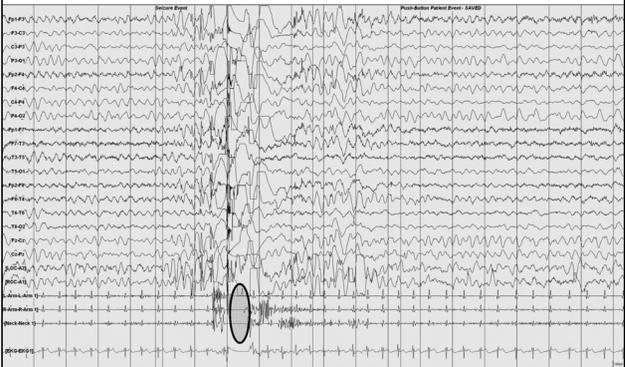
❖ Atonic seizure:
Sudden loss or diminution of muscle tone without apparent preceding myoclonus or tonic event lasting 1-2 s.

unexpected and highly vulnerable to head trauma.

Lennox-Gastaut syndrome

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EEG



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M/4



❖ **Astatic seizure:**
Loss of erect posture that results from an atonic, myoclonic, or tonic mechanism (synonym: drop attack).

Lennox-Gastaut syndrome

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M/11



❖ **Myoclonic-astatic seizure:**
Sudden, brief myoclonus followed by atastic seizure.

Doose syndrome (EMAS)

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F/19

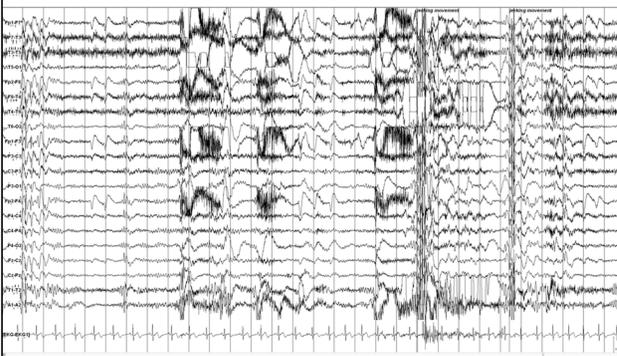


❖ **Myoclonic seizure in JME:**
Have a striking circadian features: occurs within an hour of awakening. Sleep-deprivation, photo stimulation, and alcohol is important precipitating factors.

Juvenile Myoclonic Epilepsy

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F/38

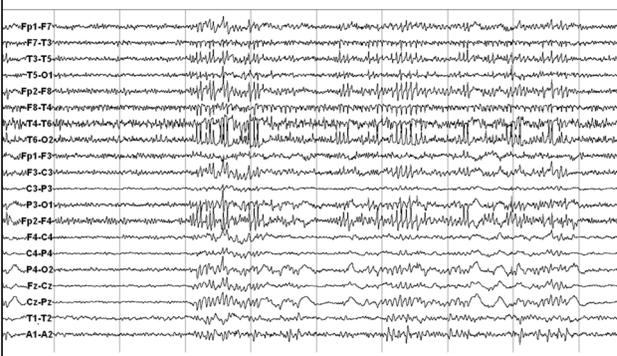


❖ **Lance-Adams syndrome:**
Chronic persistent myoclonus and negative myoclonic seizures, usually in the hypoxic-ischemic encephalopathy.

Lance-Adams syndrome

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M/6



❖ **Dialeptic seizure:**
Sudden loss of ongoing activity, brief loss of consciousness. It can be easily precipitated by hyperventilation (~95%) in CAE.

Childhood Absence Epilepsy

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F/9



❖ **Dialeptic seizure:**
Subtle automatism (e.g. lip smacking) and incomplete LOC can be easily found in CAE. Age 4-8 is the most common.

Childhood Absence Epilepsy

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F/25

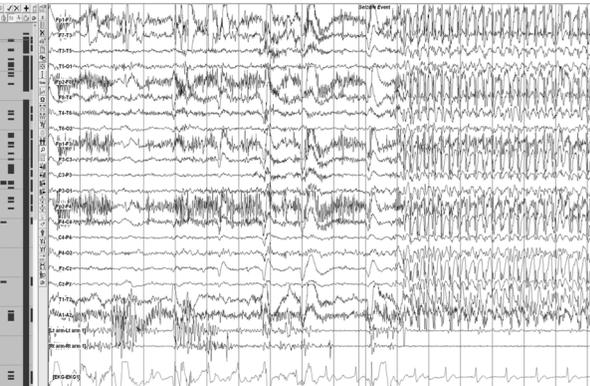


❖ **Dialeptic seizure:**
Longer duration, more common automatism, and more frequent incomplete LOC are typical features of JAE compared to CAE.

Juvenile Absence Epilepsy

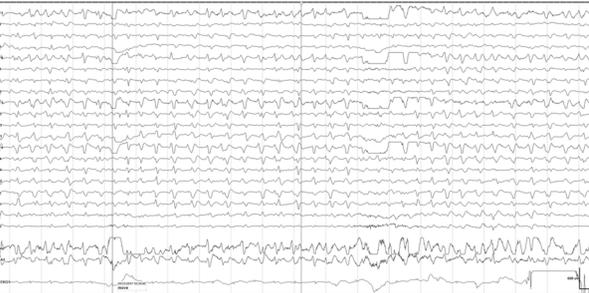
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case 1: Generalized NCSE in critically ill patient



- F/67 Liver cirrhosis (B-viral)
- Spontaneous bacterial peritonitis
- ceftazidime (5 days) meropenem (10 days, stopped 6 days ago)
- **drowsy mental status**; r/o hepatic encephalopathy, Ammonia 교정후에도 의식 호전이 없다 MRI: nonspecific

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