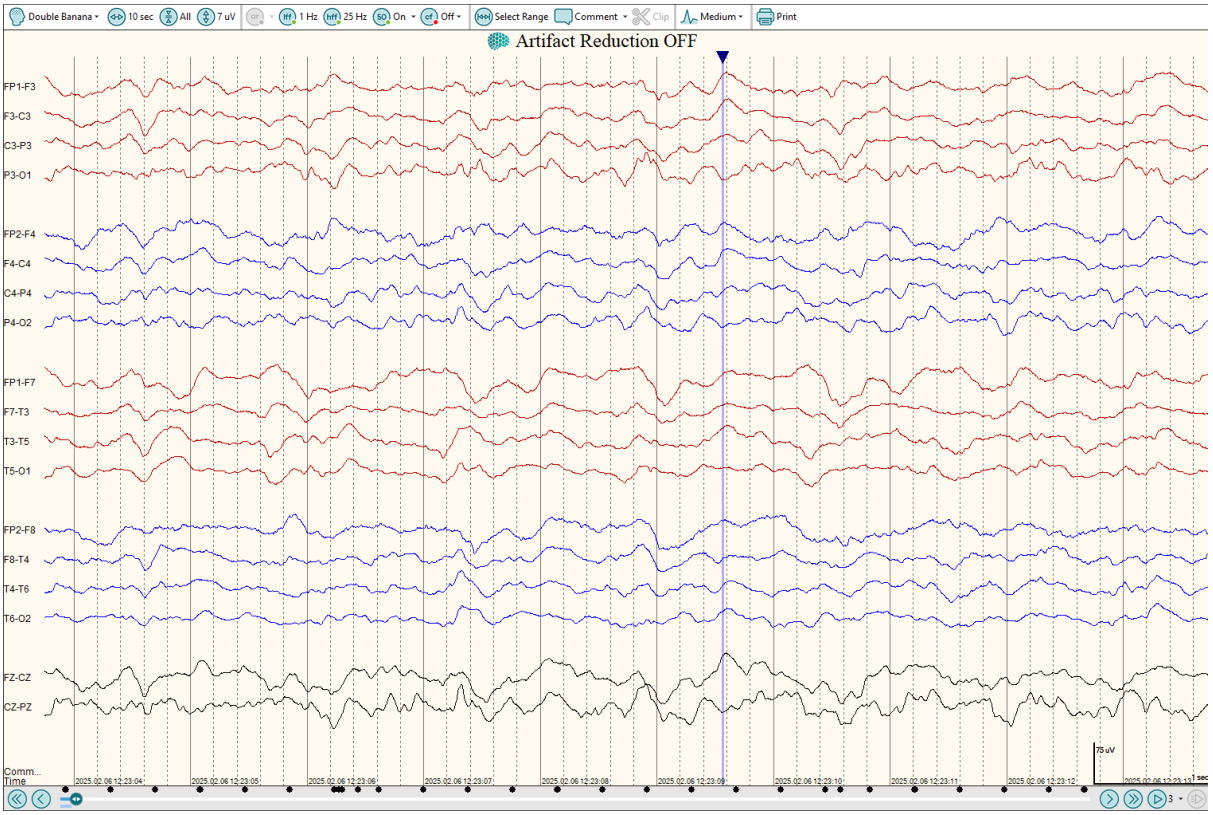
Continuous EEG Monitoring in a Critical Care Setting: Assessing Diffuse Cerebral Dysfunction in an Elderly Patient with Encephalopathy and Complex Comorbidities

Patient History

The 64 years old female had DM+, Hypothyroidism, MND+ and Tongue cancer (Squamous cell carcinoma). History with decreased response after she woke up and found with frothing of mouth, passed urine and stool. No H/o seizure. Diagnosed as Encephalopathy. 3 routine EEGs were done and showed they diffused slowing. Despite the challenging ICU setting, the Mocxa solution facilitated the continuous recording and analysis of EEG data in this comatose patient. Continuous monitoring in a critical care setting is a key capability of the Mocxa solution, allowing for the assessment of neurological function even in patients with complex medical conditions and altered levels of consciousness.

Procedure Details

Location	ICU
Duration	9 Hours
EEG Type	21 channels, With Video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P3-O1
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P4-O2
FP1-F7
F7-T3
T3-T5
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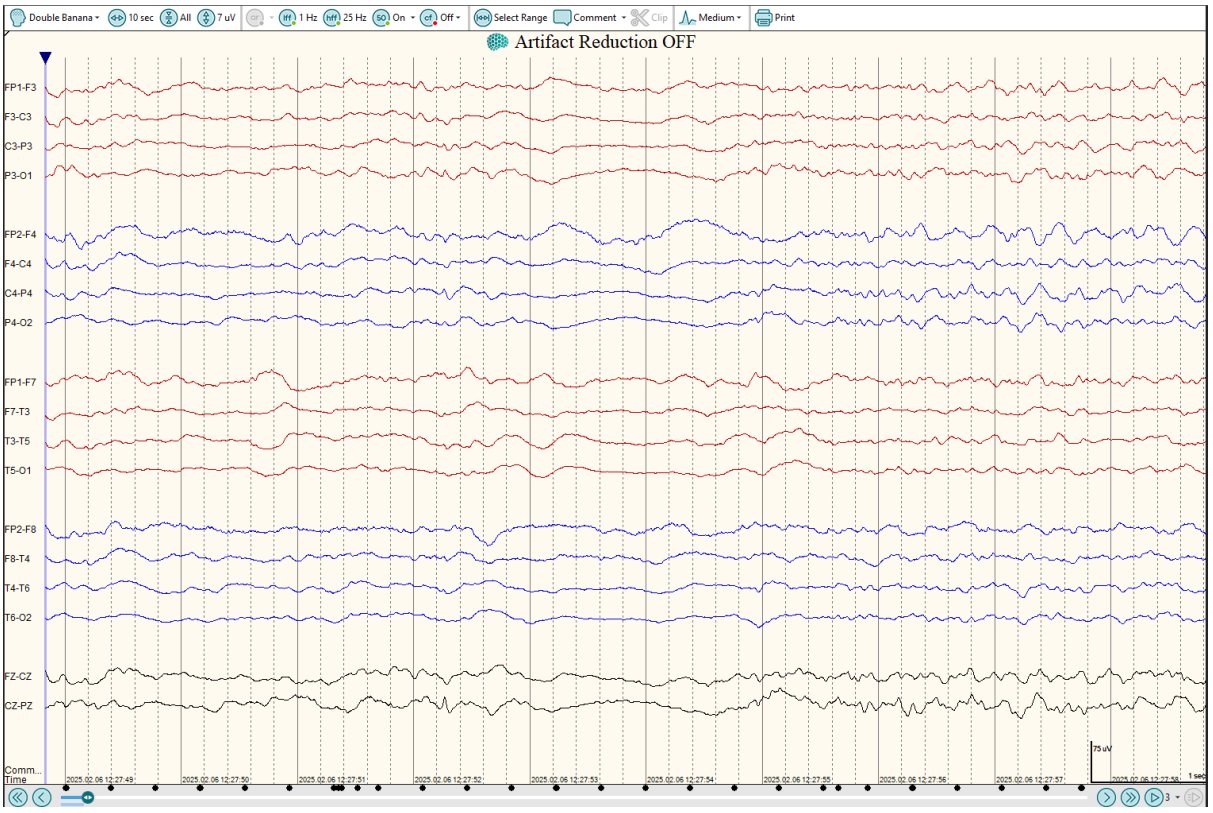
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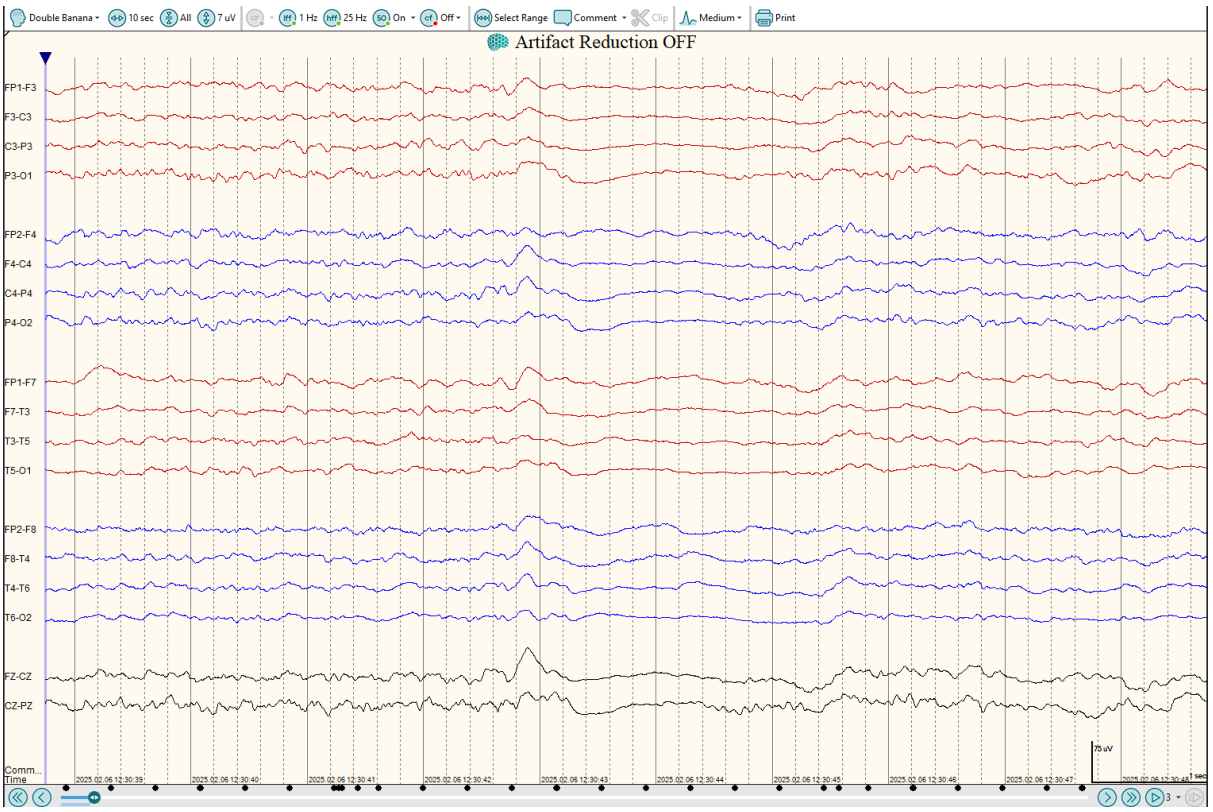
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T5-O1
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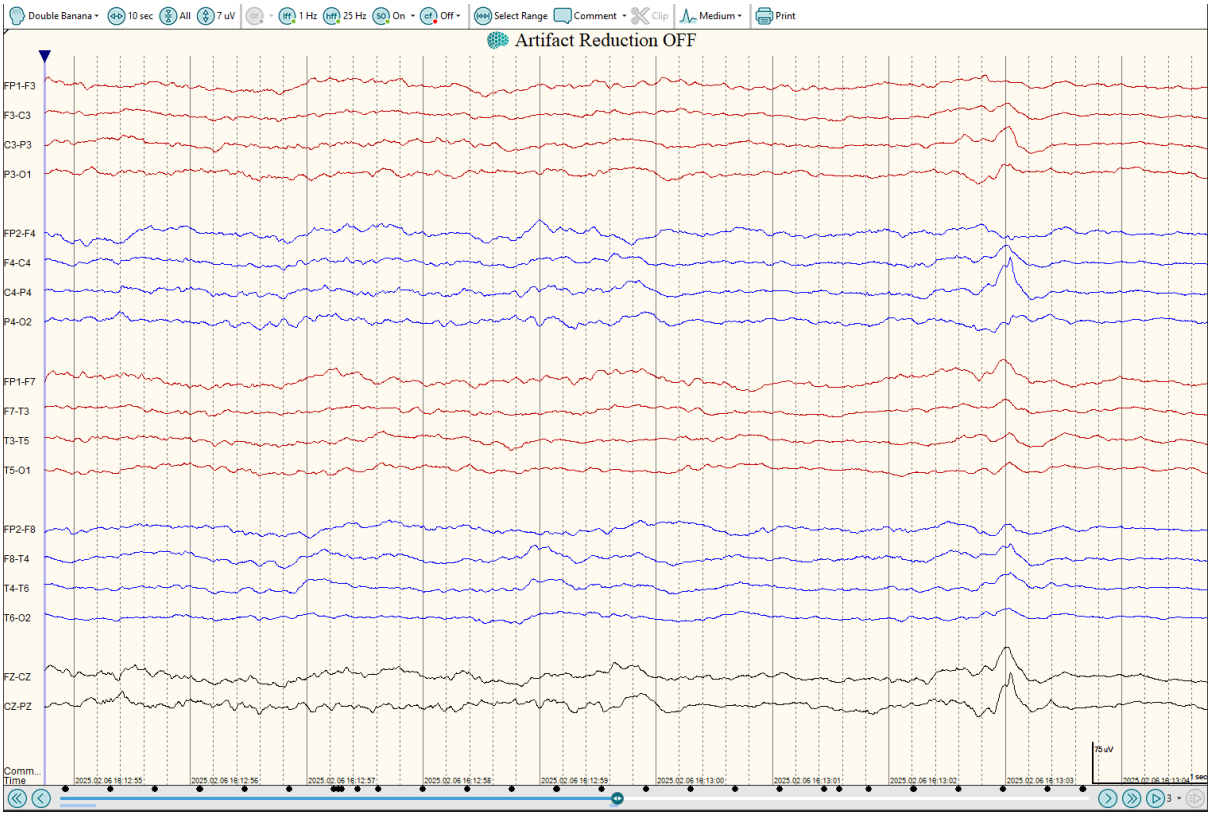
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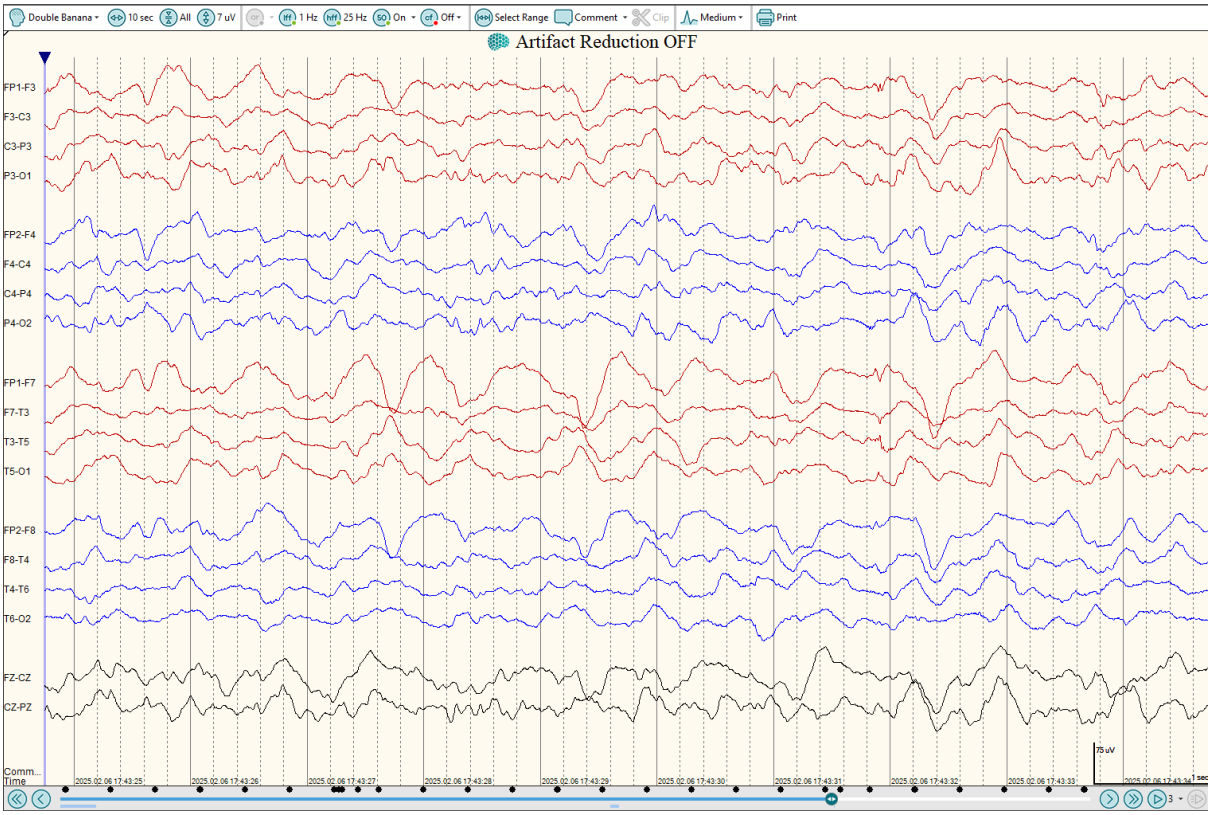

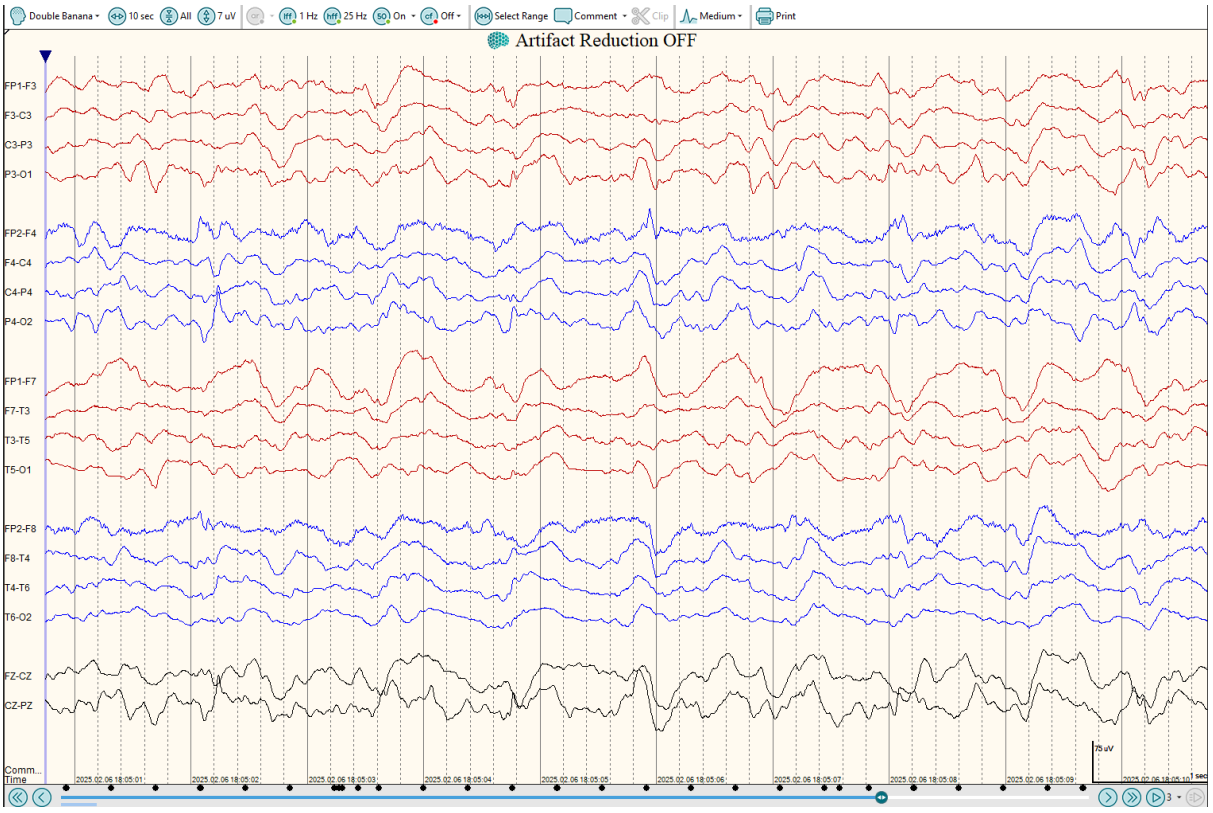

Report

Background in the PC leads shows diffuse slowing in delta - theta range 2-5 Hz and bilaterally symmetrical. This spreads forwards to fronto-temporal leads. FT leads

showing activity spreading from behind. No definite or doubtful seizure discharges seen. Clinical Attack: None observed during the record. Ictal EEG: None.

Impression: This short term video EEG record over hours had no ictal events recorded. Interictal EEG is abnormal and is suggestive of diffuse cerebral dysfunction.