

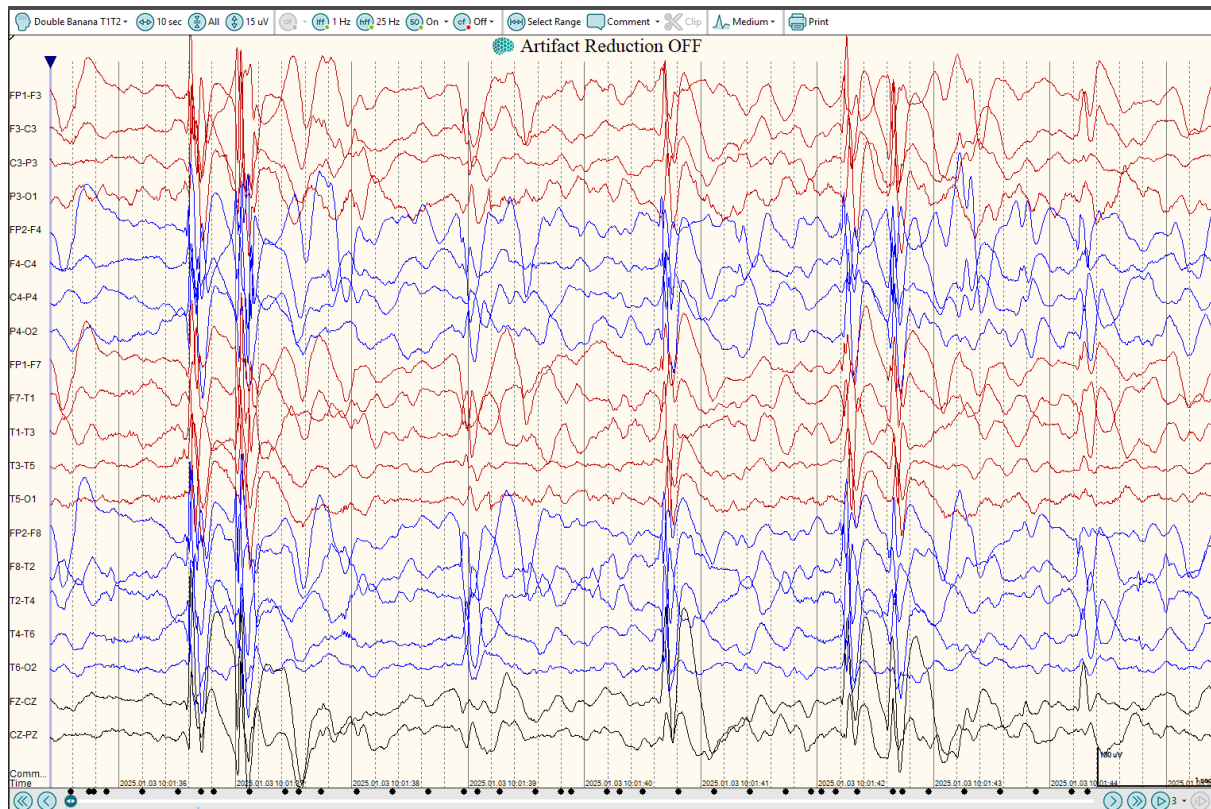
# Focal Seizures Arising from the Right Anterior Temporal Region with Secondary Generalization in a Pediatric Patient: Insights from 10-Hour Video-EEG Monitoring

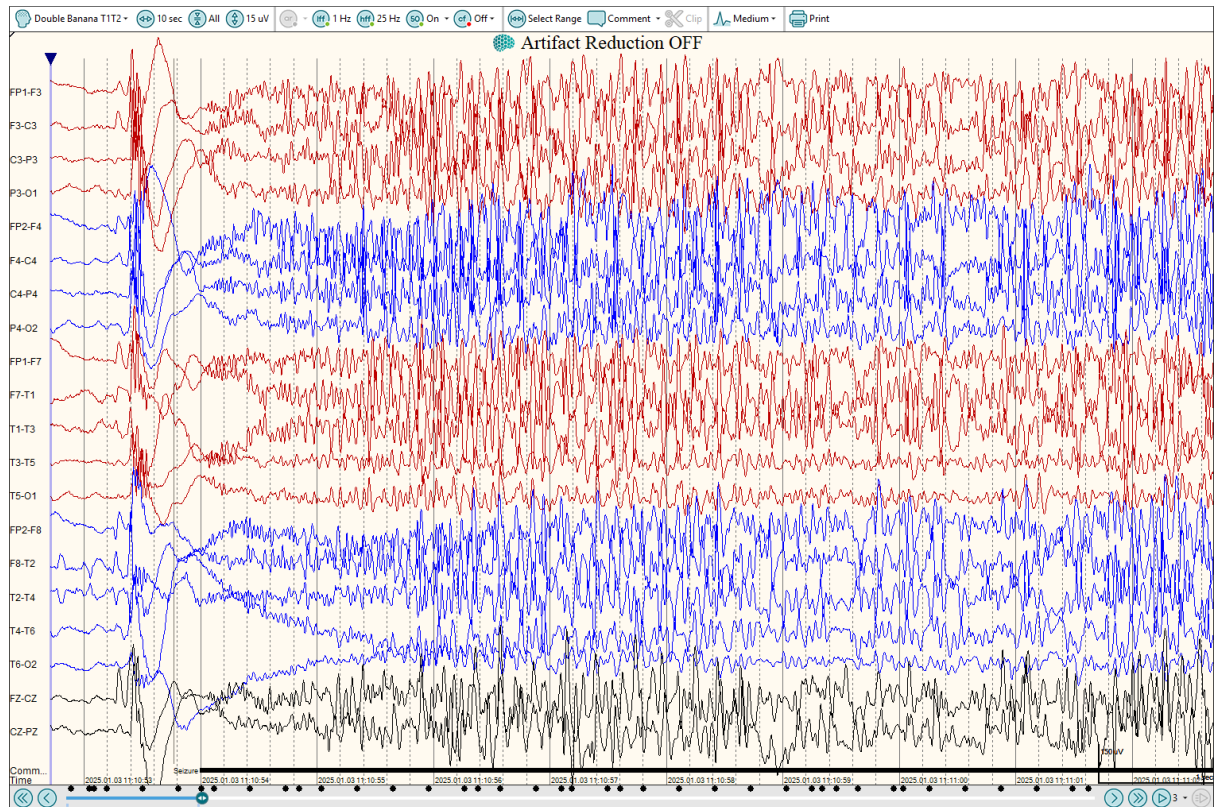
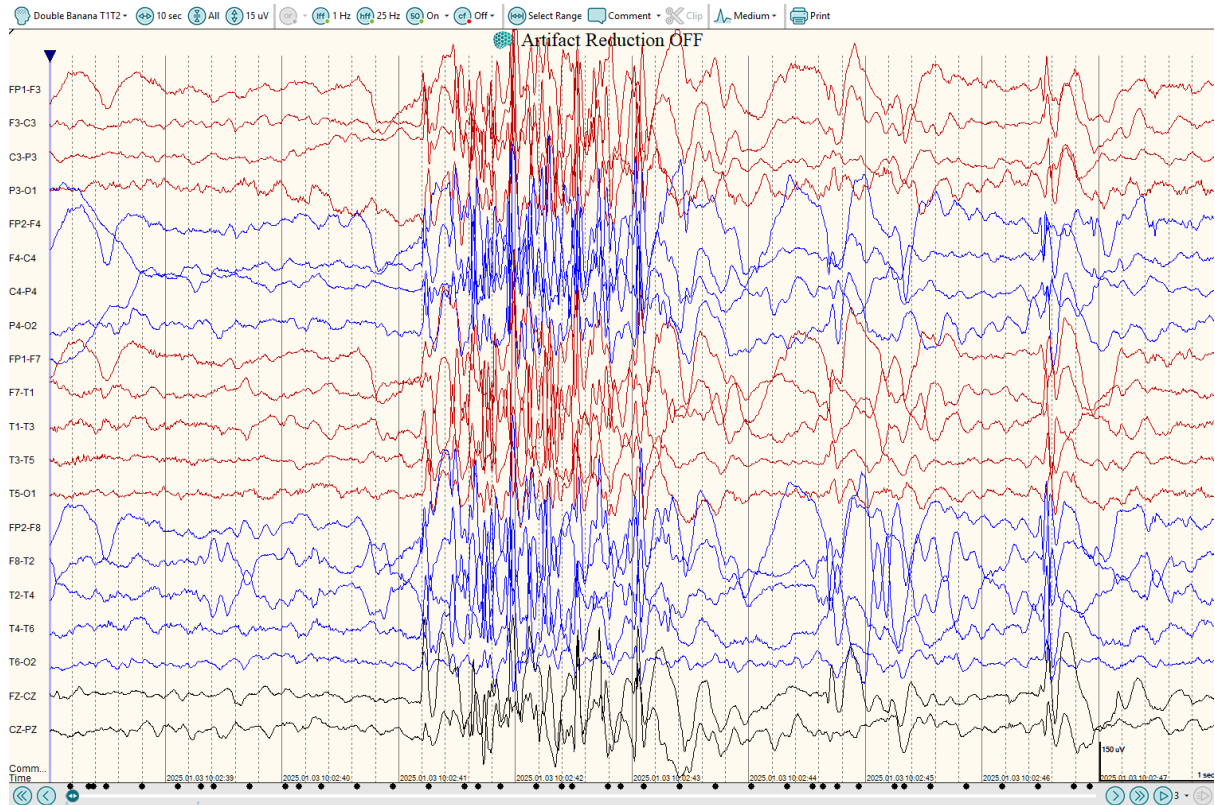
## Patient History

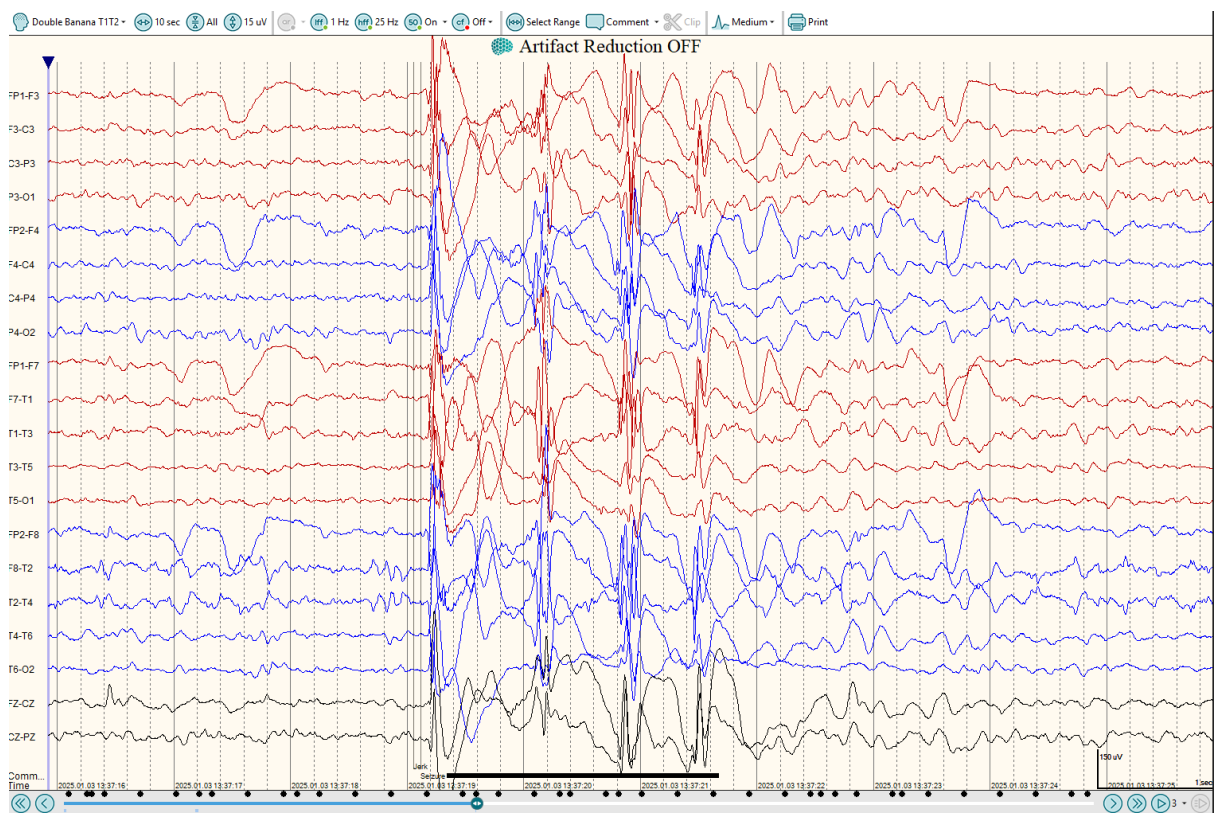
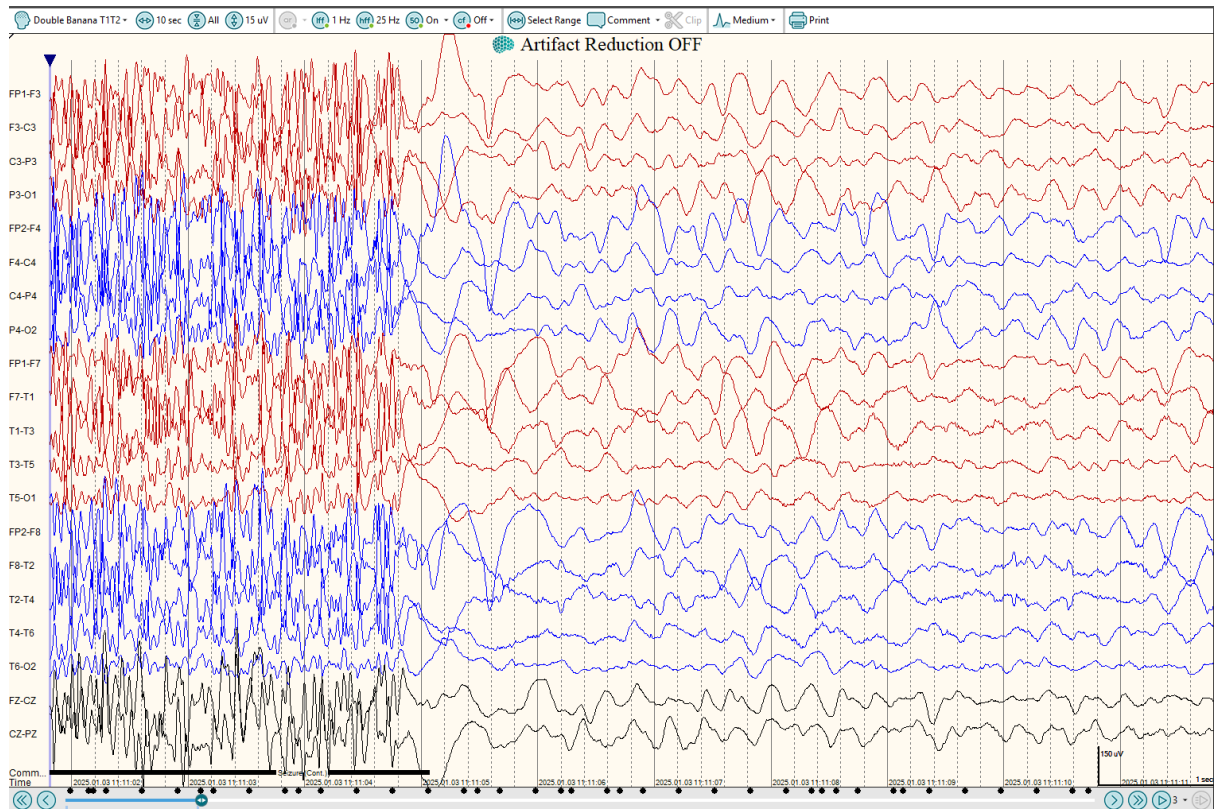
The patient, a 12 years old female, had the history of tonic posturing of upper limbs (flexion). The frequency of the seizure events were daily 2-3 times in a day and it will last 5-15 seconds. The medication: Oxetol, Briv, Cloba. She has behavioural issues of anger outbursts. The doctor recommended long term EEG. The patient had several clinical events which correlated electrographically as well.

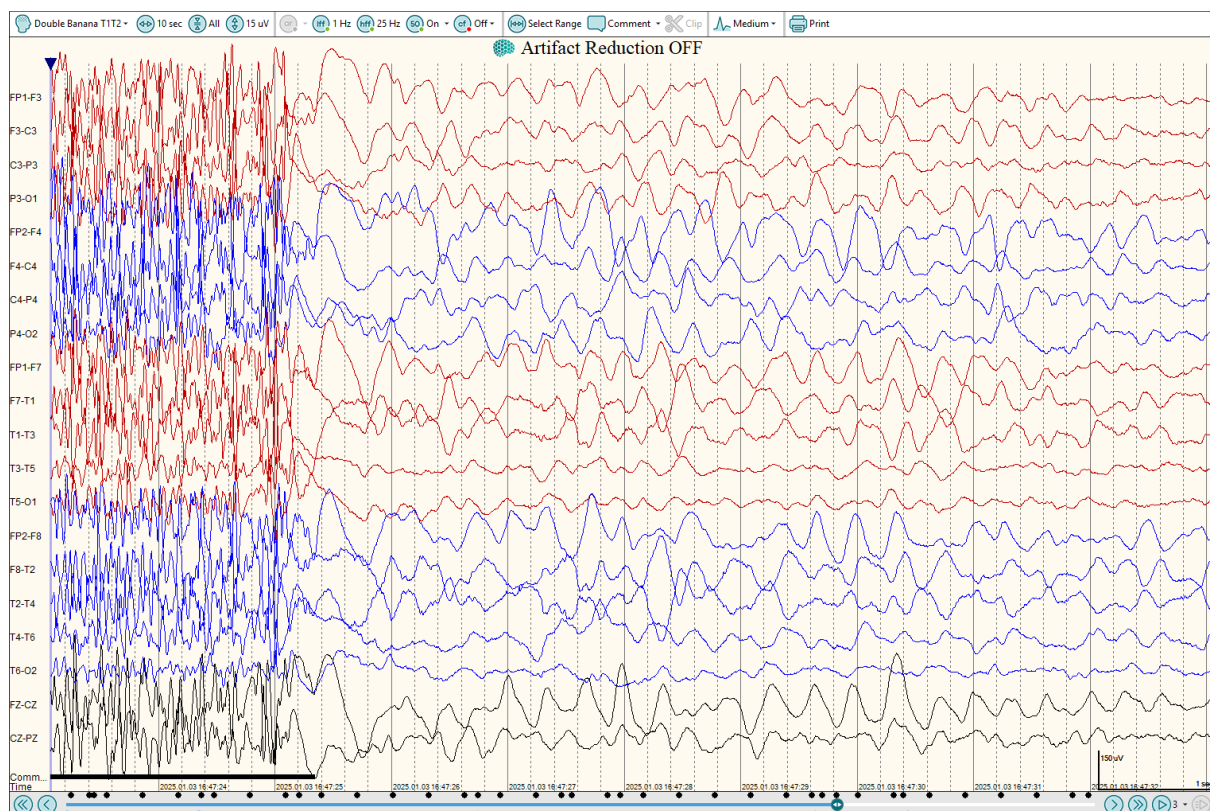
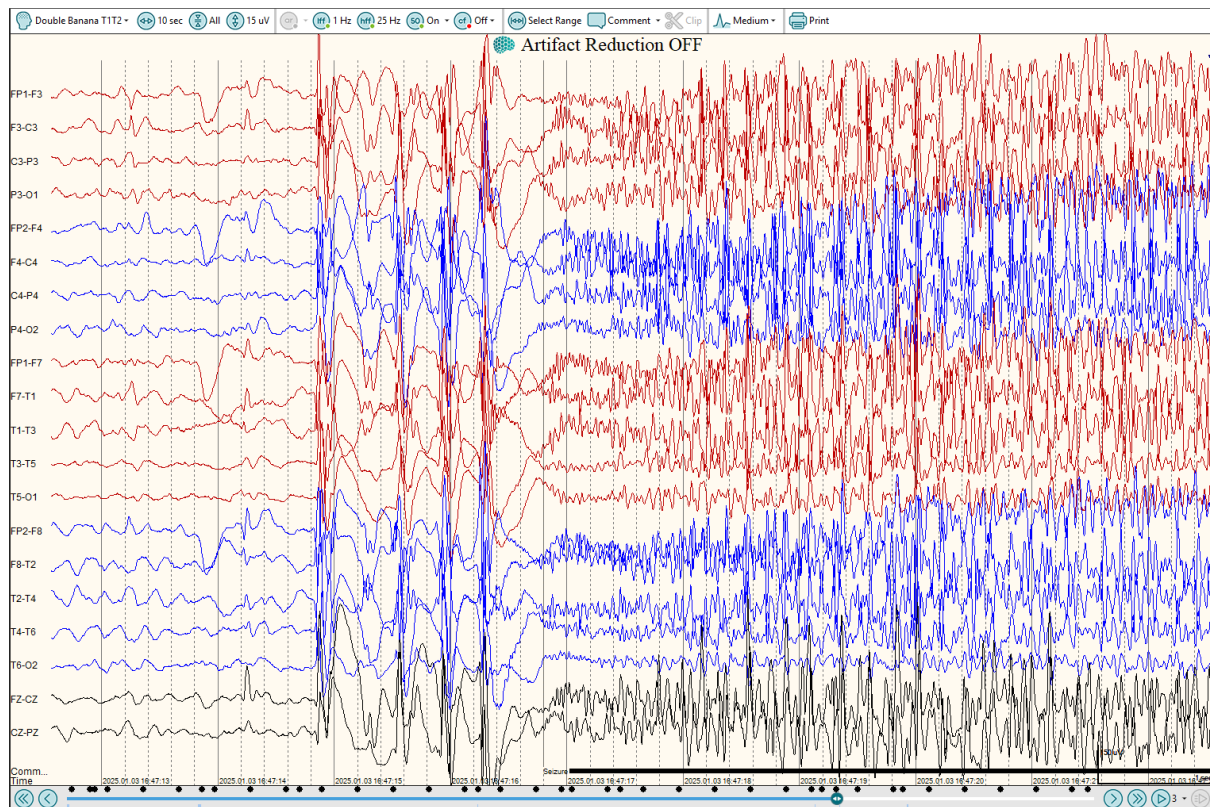
## Procedure Details

<b>Location</b>	In-patient
<b>Duration</b>	10 Hours
<b>EEG Type</b>	Ambulatory, 23 channels, With Video









## Report

Inter Ictal:- Throughout the record there are following abnormalities noticed. There are recurrent slow waves with sharp waves with phase reversal across F8 - T2 leads intermittently. On a few occasions these activities spread posteriorly to the opposite hemisphere becoming generalized with spike and wave activity 3-4 Hz on over right > left which lasted 2-3 seconds. Clinical Attacks:- Six clinical episodes observed during short term (10 hours) video EEG recording. Ictal Events:- a) There are two types of ictal events observed. Four were of one type, wherein the patient suddenly stares and fluttering of the eye leads with movements of the lips. The patient was non-responsive during the 'ictus'. These are very brief 3-10 seconds. No movement of the limbs observed during this period. The Patient responds immediately, after the ictus ends. b) The second type of attack is very brief consisting of a sudden jerk involving both upper limbs flexed at the elbow and the wrist, at times upper limbs are raised above with dystonic posturing. There were two episodes of this type lasting only 2-3 seconds. Ictal EEG: During the ictus EEG shows definite abnormality with sharp and slow waves starting from right side F8 - T2 becoming generalized spreading to the opposite hemisphere. This abnormality lasted 3-8 seconds followed by gradual return to the normal over 3-4 seconds. This EEG abnormality was seen in the right anterior temporal region.

**Impression:** This short term EEG recorded over 10 hours is grossly abnormal, both during ictus and interictally suggestive of seizure arising from right sided temporal leads with secondary generalization. To consider focal abnormality in the right anterior temporal region.