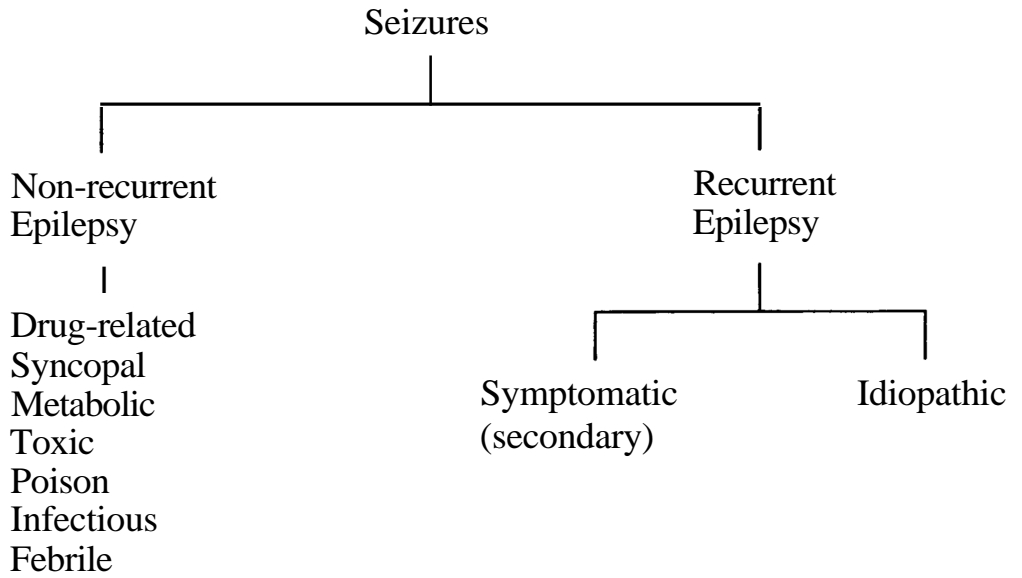
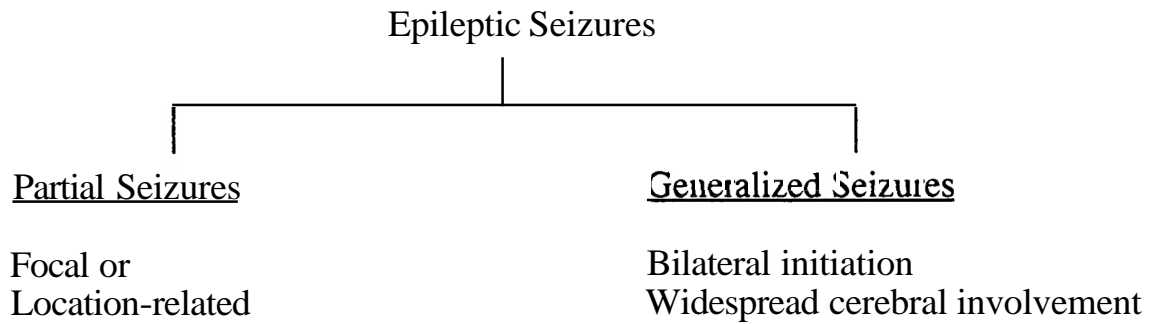


PART I

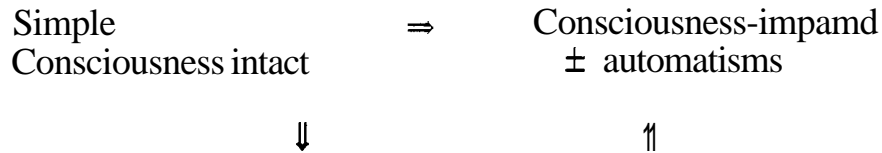
I. Seizures vs. Epilepsy



II.



111. Partial Seizures



Bilateral involvement

IV. Simple Partial Seizures

"Focal Motor" "Focal Sensory"

--Consciousness intact

--May be - motor - autonomic
 - sensory - psychic

--Focal **EEG** Abnormality

V. Complex Partial Seizures (Temporal Lobe Epilepsy, Psychomotor Seizures)

Clouding of consciousness

Ictus approximately 1 minute

Staring

Automatisms

Amnesia

Focal **EEG** abnormality

The location of the focus determines the type of
abnormal behavior, most frequently arises from
the temporal lobe

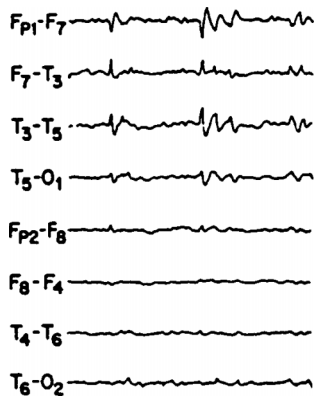


FIGURE 1

VI. Generalized

- Absence
- Tonic clonic
- Myoclonic
- Atonic

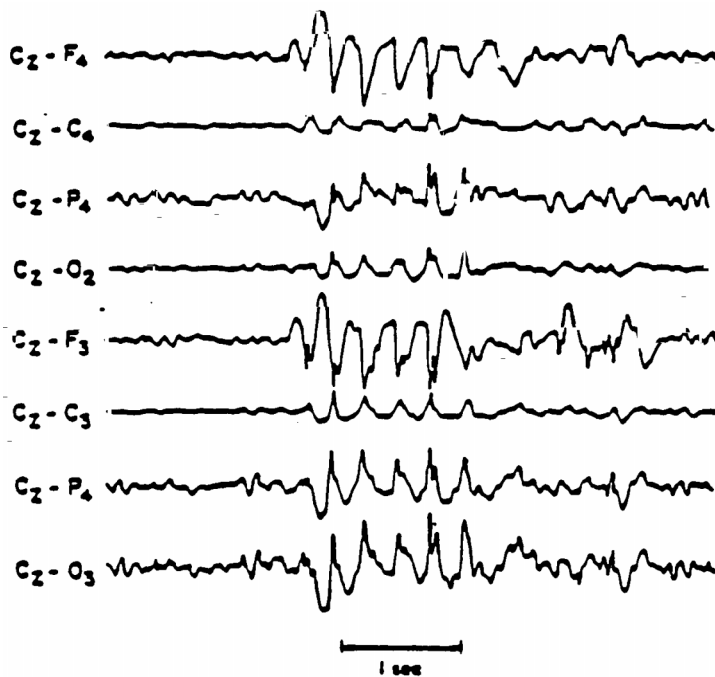


FIGURE 2

VII. Absence Seizures ("Petit Mal")

- Childhood adolescence onset
- Sudden onset without aura
- Momentary LOC / staring spell
- Visual duration 10-20 sec.
- Non-convulsive
- EEG 3 **hz** spike and wave
- Abrupt recovery
- Amnesia for ictal event

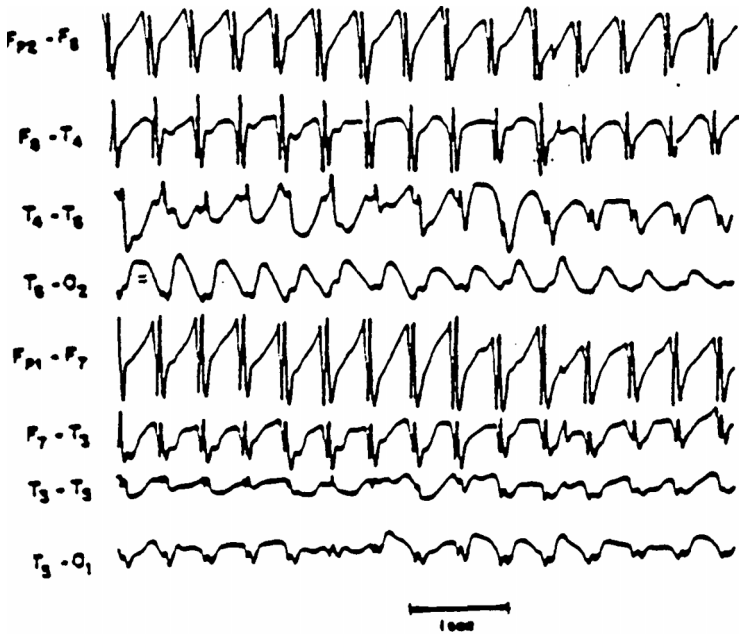


FIGURE 3

VIII. Tonic-clonic Seizure

- Loss** of consciousness
- Fall
- Rigidity (tonic)
- Rhythmic jerking (clonic)
- Respiration inhibited (cyanosis)
- May have tongue biting, injury or incontinence
- Duration -- seconds to a few minutes, EEG shows prominent slowing after the seizure
- Post-ictal confusion

IX. Myoclonic seizures

- Brief, shock-like muscle contractions
- Consciousness preserved
- Seen usually on awakening or falling asleep
- May progress to a generalized T-C seizure

X. Pseudoseizures

- No EEG correlation with behavior dysfunction
- True seizure may be present at other times
- Usually unconsciously motivated, conversion
- Atypical, bizarre, sometimes purposeful movements
- Not usually rhythmic
- Normal tone

Relative Frequencies of the Epilepsies

Age:	< 15 years	> 15 years
	%	%
Partial	45	78
Generalized	55	22

FIGURE 4

XI. Seizure Diagnosis

History

- Patient
- Witness

Exam

EEG

- Photic stimulation
- Sleep deprivation

MRI

CCTVEEG monitoring

24 Hour Ambulatory EEG

XII. Evaluation of the patient during a spell

- a. safety
- b. check pupils
- c. -observe tone, rhythmicity of movements, level of consciousness and responsiveness
- d. look for focal signs
- e. record the length of the event and the post-ictal state
- f. can check prolactin

NOTES: