

 Clinical Neurophysiology
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REFERRAL FROM

Name Dr. Doe, John
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PATIENT - PERSONAL INFORMATION

Name Boy 10 years
Identity string AEF_DCM
Date of birth 9/22/1992
Gender Male
Age at study time 11 years old

STUDY INFORMATION

Study Id 18536 Local study id 2261x04 Technician Tech Nologist Start 9.15.2004 12:21 Stop 9.15.2004 12:51 Recorded 30 minutes

EEG type Sleep deprived EEG
Indication for EEG Clinical suspicion of epilepsy
Alertness Awake, Oriented, Drowsy, Asleep
Sensor group 10-20 and inferior row

MODULATORS/PROCEDURES

Hyperventilation

Properties: Good effort of hyperventilation.

Intermittent photic stimulation

FINDINGS

Background activity

Posterior dominant rhythm

Properties: Normal activity. * 9 - 10 Hz. Medium amplitude (20-70 μ V). Symmetrical amplitude. Reactive to eye opening. Symmetrical frequency.

Screenshot 3

Sleep and drowsiness

Normal sleep pattern

Properties: Sleep stage 1 (N1). Sleep stage 2 (N2).

Interictal findings

Epileptiform interictal activity

Morphology: Spike-and-slow-wave. Polyspikes.

Location: Bilateral frontal. Symmetrical amplitude. Primary bilateral synchronous activity.

Time-related features: Rhythmic trains or bursts * 4 - 5 Hz 1 seconds - 3 seconds.

Modulators: Increased during hyperventilation. Increased during sleep.

Episodes

Generalized seizure - Myoclonic - Myoclonic

Timing & context: Consciousness not tested. Is not aware of the episode. Simultaneous Clinical and EEG start. Awake at the start of episode.

Semiology

Myoclonic

Somatotopic modifiers: Arm. Leg.

EEG

Ictal EEG activity

Morphology: Polyspikes.

Location: Bilateral frontal, occipital. Symmetrical amplitude. Primary bilateral synchronous activity.

Polygraphic channels

ECG

Properties: Normal rhythm.

CONCLUSION

SUMMARY OF THE FINDINGS

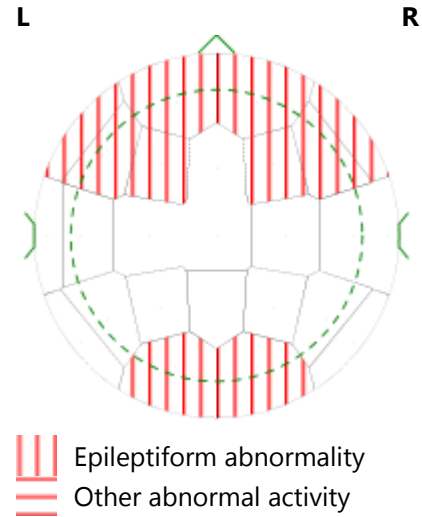
Bilateral synchronous, 4-5 Hz spike, polyspike and slow wave paroxysms.
Myoclonic jerks with EEG correlate (polyspikes)

DIAGNOSTIC SIGNIFICANCE

Abnormal recording supporting: Generalized epilepsy

CLINICAL COMMENTS

In keeping with the history, the electroclinical findings in this recording support the diagnosis of Juvenile Myoclonic Epilepsy.



One Doctor
Physician

Two Doctor
Supervising physician
(signed)

Screenshots

Screenshot 1

