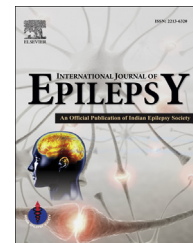


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## Answer

### Epilepsy Quiz Answers

1. B = Facial Angio fibroma

**Explanation/Comment:** Patient is suffering from Tuberous Sclerosis, a neuro cutaneous syndrome where epilepsy is the main feature with multisystem involvement.

2. B = Clobazam

**Explanation/Comment:** A major problem in the management of seizures is that many of the commonly used anti-convulsants can precipitate or worsen acute attacks.

**Reference:** Deybach JC, Badminton M, Puy H, Sandberg S, Frank J, Harper P, et al. European Porphyria Initiative (EPI): A Platform to Develop a Common Approach to the Management of Porphyrias and to Promote Research in the Field. *Physiol. Res.* 55 (Suppl. 2): S67–S73, 2006.

3. C = Lamotrigine

**Explanation/Comment:** The most pronounced decline in serum concentrations is seen for AEDs that are eliminated by glucuronidation (UGT), in particular lamotrigine where the effect may be profound.

**Reference:** Torbjörn Tomson, Cecilie Johannessen Landmark, Dina Battino. Antiepileptic drug treatment in pregnancy: Changes in drug disposition and their clinical implications. *Epilepsia*, 54(3):405–414, 2013. <http://dx.doi.org/10.1111/epi.12109>.

4. D

**Explanation/Comment:** Epilepsy is considered to be resolved for individuals who had an age-dependent epilepsy syndrome but are now past the applicable age or those who have remained seizure-free for the last 10 years, with no seizure medicines for the last 5 years.

**Reference:** Robert S. Fisher, Carlos Acevedo, Alexis Arzimanoglou, Alicia Bogacz, Helen Cross, Christian E. Elger, et al. A practical clinical definition of epilepsy. *Epilepsia*, 55(4):475–482, 2014. <http://dx.doi.org/10.1111/epi.12550>.

5. C = Lamotrigine

**Explanation/Comment:** Gabapentin and Lamotrigine are established level A AED's for elderly.

**Reference:** Glauser T, Ben-Menachem E, Bourgeois B, Cnaan A, Guerreiro C, Kälviäinen R, et al. for the ILAE sub-commission of AED Guidelines. Updated ILAE evidence review of antiepileptic drug efficacy and effectiveness as initial monotherapy for epileptic seizures and syndromes. *Epilepsia*. 2013 Mar;54(3):551–63. <http://dx.doi.org/10.1111/epi.12074>. Epub 2013 Jan 25.

6. C = CJD

**Explanation/Comment:** EEG shows typical short-interval periodic sharp wave complexes of Creutzfeldt-Jakob disease (CJD).

**Ref:** Wieser HG, Schindler K, Zumsteg D. EEG in Creutzfeldt-Jakob disease. *Clin Neurophysiol.* 2006 May;117(5):935–51. Epub 2006 Jan 25.

7. C Phenytoin

**Explanation/Comment:** Patients with Stevens–Johnson syndrome and toxic epidermal necrolysis exhibited slower metabolism, or drug clearance; in these patients, there was also a stronger association with the CYP2C.

**Ref:** Chung WH, Chang WC, Lee YS, et al. Genetic variants associated with phenytoin-related severe cutaneous adverse reactions. *JAMA* 2014; 312:525–534.

8. A

**Explanation/Comment:** Pregnant women on AED should undergo a serum alpha fetoprotein and level II ultrasound at 14–18 weeks of gestation to rule out NTD's.

**Reference:** Jerome Engel Jr, Timothy A. Pedley, Jean Aicardi. *Epilepsy: A Comprehensive Textbook*. Lippincott Williams & Wilkins, 2008.

9. A = Elementary visual hallucinations of occipital seizures are prolonged, slowly developing and last for hours.

**Explanation/Comment:** Elementary visual hallucinations of occipital seizures are brief for seconds to 3 minutes; develop fast within seconds to 3 minutes. They usually start in the periphery of a hemifield and often march to other seizure symptoms or convulsions. These features may help guide the clinician.

**Reference:** Panayiotopoulos CP. Elementary visual hallucinations, blindness and headache in idiopathic occipital epilepsy: Differentiation from migraine. *J Neurol Neurosurg Psychiatry*. 1999; 66:536–540.

Panayiotopoulos CP. Visual phenomena and headache in occipital epilepsy: A review, a systematic study and differentiation from migraine. *Epileptic Disord*. 1999; 1:205–216.

10. C = OIRDA

**Explanation/Comment:** Occipital Intermittent rhythmic delta activity. Intermittent rhythmic delta activity is a typical

EEG pattern that was originally described by W.A. Cobb in 1945 (*J Neurol Neurosurg Psychiatr* 1945;8:65–78). OIRDA) is considered good prognostic factor in typical absences.

**Reference:** Guilhoto LM, Manreza ML, Yacubian EM. Occipital intermittent rhythmic delta activity in absence epilepsy. *Arq Neuropsiquiatr*. 2006 Jun; 64(2A):193–7. Epub 2006 Jun 9. Occasionally it may be seen in other conditions too.

[http://dx.doi.org/10.1016/S2213-6320\(15\)00022-6](http://dx.doi.org/10.1016/S2213-6320(15)00022-6)