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Dyshormia in focal epilepsy

Disormia em Epilepsia Focal

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A 37-year-old man was evaluated for recurrent episodes of impaired awareness since childhood. EEG showed right temporal focal dyshormia (Figure 1). MRI revealed a right temporal mass (Figure 2).

Niedermeyer coined the term "dyshormia" to define epileptiform discharges that occur in conjunction with K-complexes on arousal from sleep[1]. Although dyshormia was originally described in generalized epilepsies[1], unilateral, focal dyshormia is occasionally seen in focal epilepsies[2].

In focal epilepsies, epileptiform discharges associated with K-complexes are typically ipsilateral to the epileptogenic zone, and are more common in frontal than in temporal lobe epilepsies[2]. Their presence can assist in localization of epileptogenic regions.

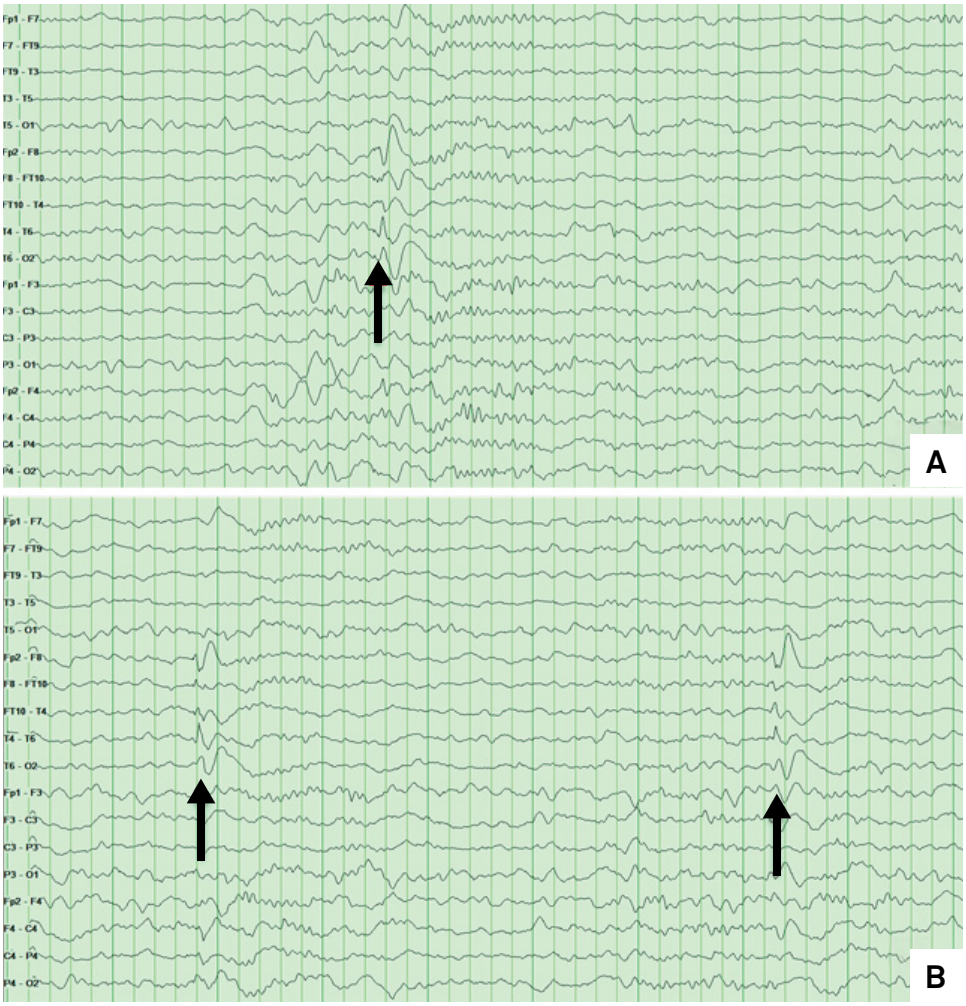

Figure 1. Electroencephalographic abnormalities in focal dyshormia. A) and B) Right temporal epileptiform K-complexes during N2 sleep (arrows).

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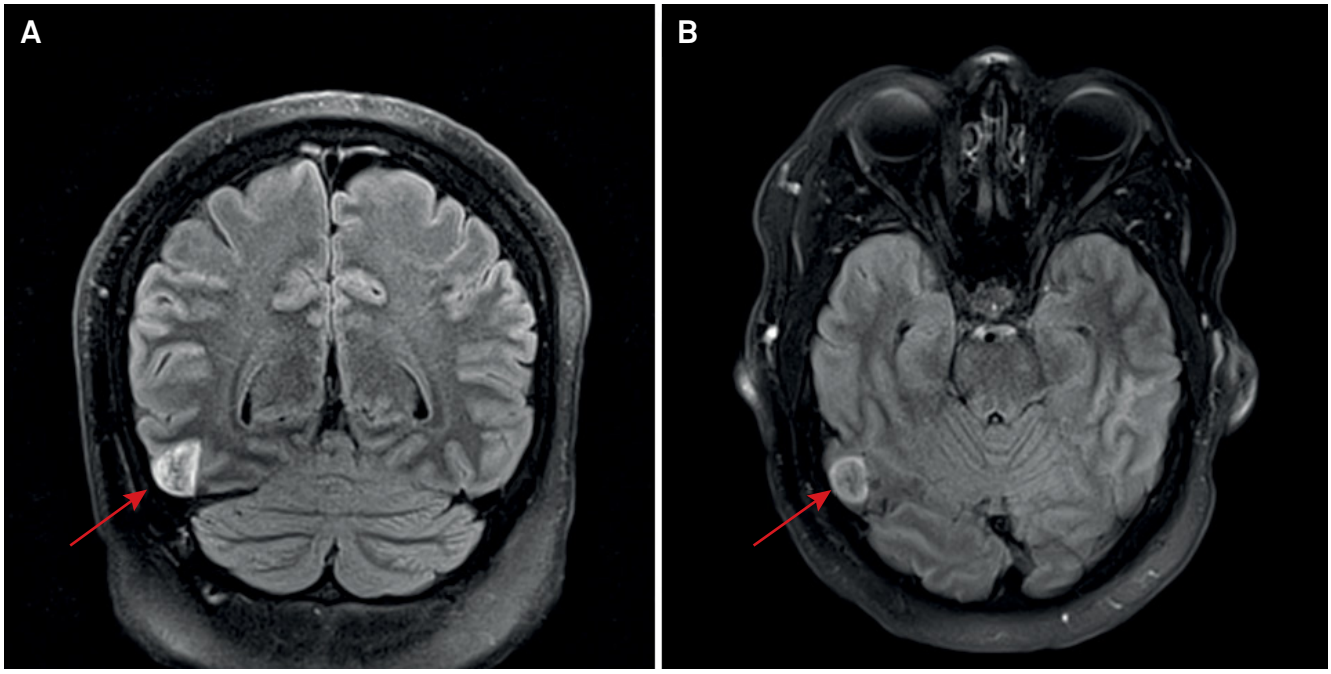

Figure 2. Neuroimaging showing a right temporal mass. A) coronal and B) axial non-contrast T2-FLAIR-weighted brain MRI shows a hyperintense right posterior temporal lobe lesion with heterogeneous internal signal (arrows). Pathology revealed a dysembryoplastic neuroepithelial tumor, WHO grade I.

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