Identification and Classification of Seizures

David E. Burdette, M.D.
Assistant Professor of Neurology
Wayne State University School of Medicine

'Tis very like: he hath the falling sickness.

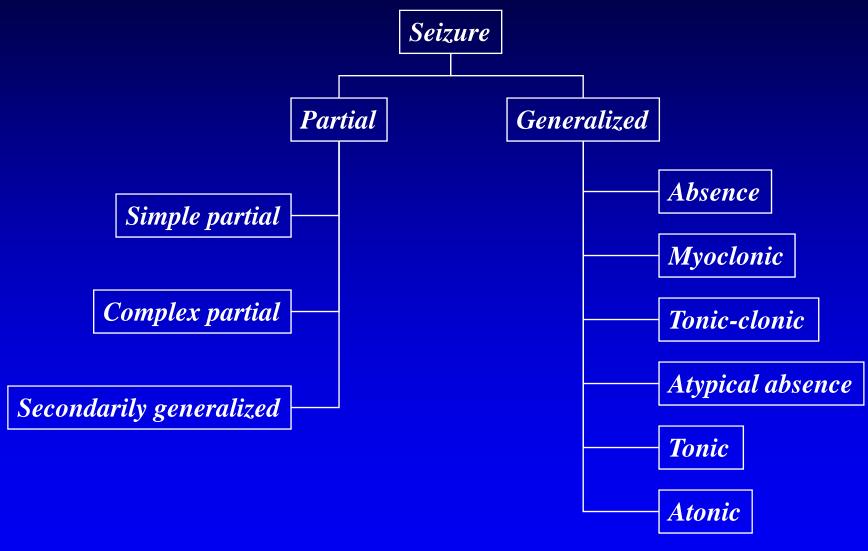
-Brutus

William Shakespeare, <u>Julius Caesar</u>, Act 1, Scene 2

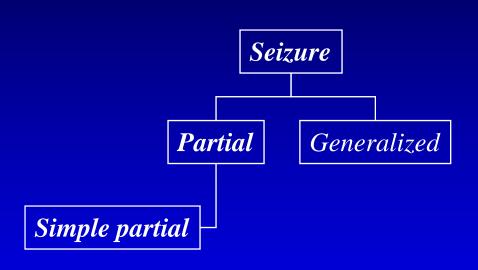
Seizure versus Epilepsy

- Seizure: brief, uncontrolled discharge of the nerve cells of the brain
 - Incidence: approximately 80/100,000 per year
 - Occurs in 8-10% of people in their lifetime (1/3 febrile)
- **Epilepsy**: a tendency toward recurrent, unprovoked seizures
 - Incidence: approximately 45/100,000 per year
 - Occurs in 3-4% of people in their lifetime
 - About 1 in 200 people have epilepsy

ILAE Classification of Seizures

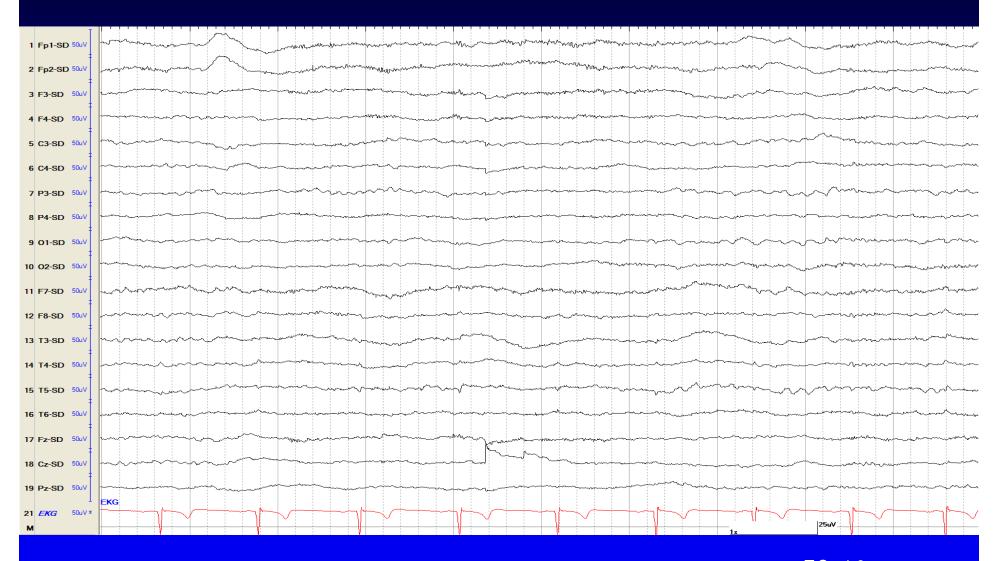


ILAE Classification of Seizures: SPS



Clinical symptoms

- No impairment of awareness
- Somatosensory or special sensory
- Motor
- Autonomic
- Psychic or experiential
- Electrographic
 - 40-50% chance of electrographic change



Burdette



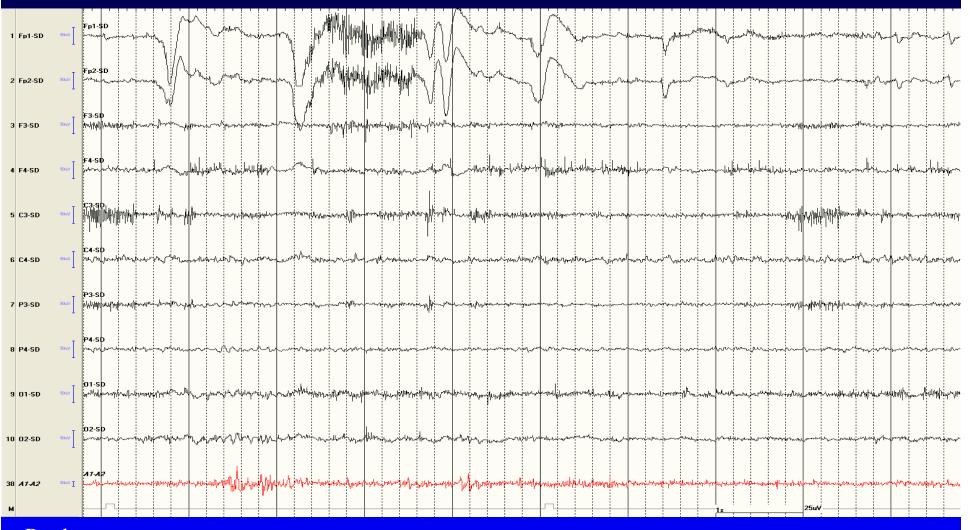
Burdette



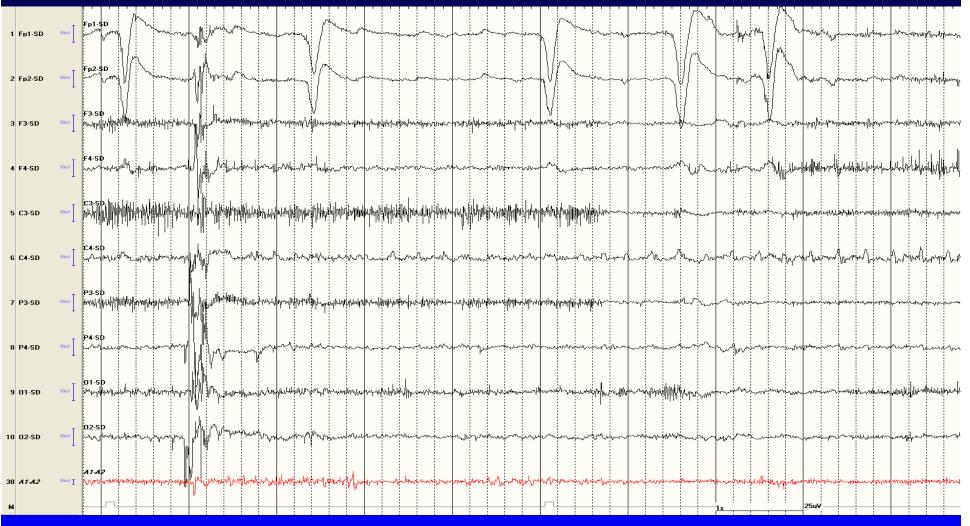
Burdette



Burdette



Burdette

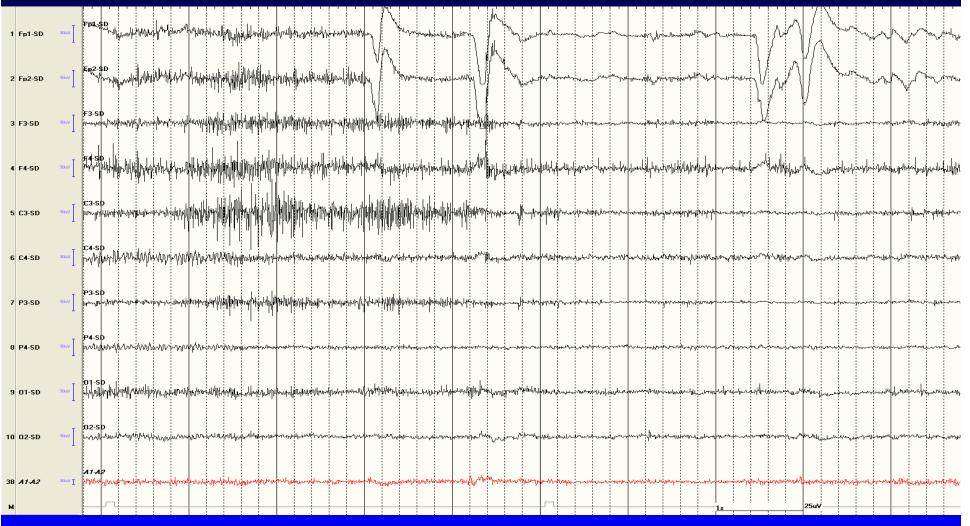


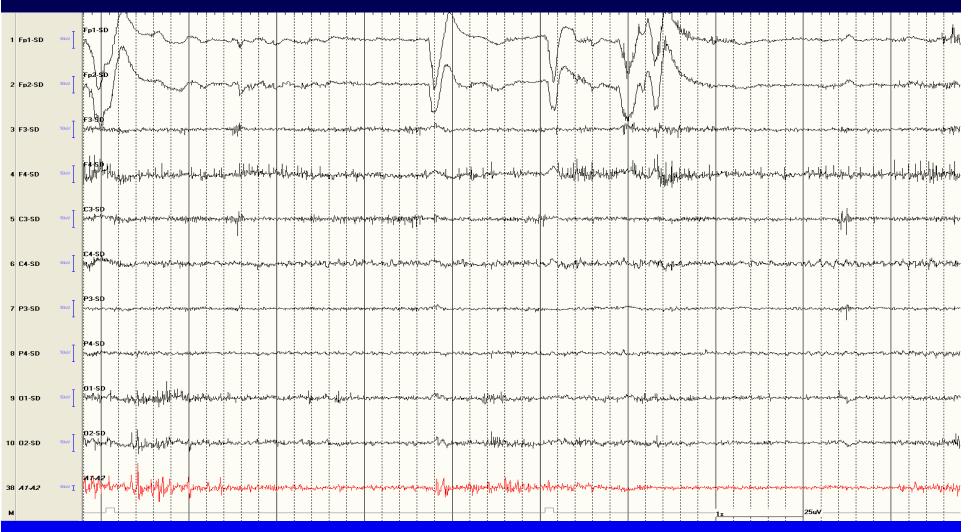


H.F.F. - 70 Hz

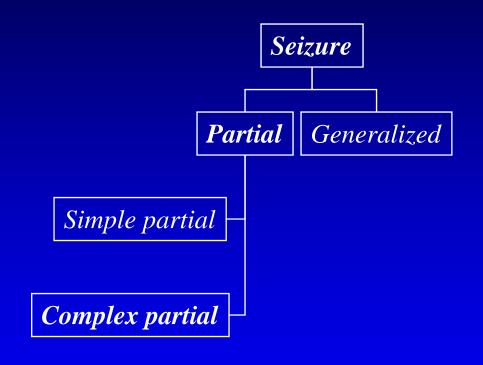


Burdette





ILAE Classification of Seizures: CPS

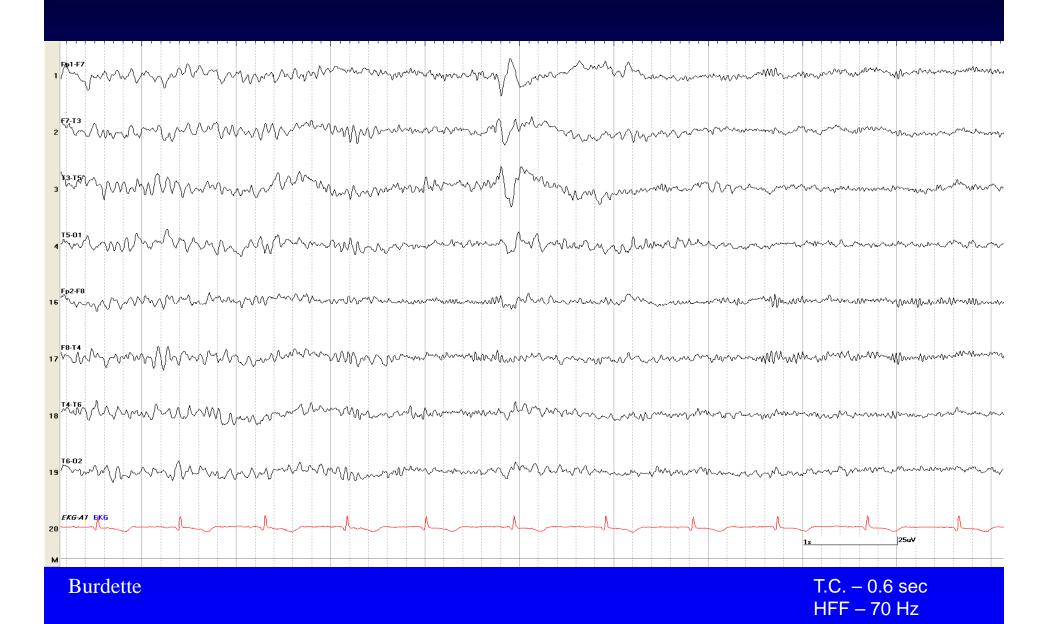


- Impaired consciousness
- Clinical manifestations vary with site of origin and degree of spread
 - Presence and type of aura
 - Automatisms
 - Other motor activity
- Duration typically < 2 minutes
- Often post-ictal confusion

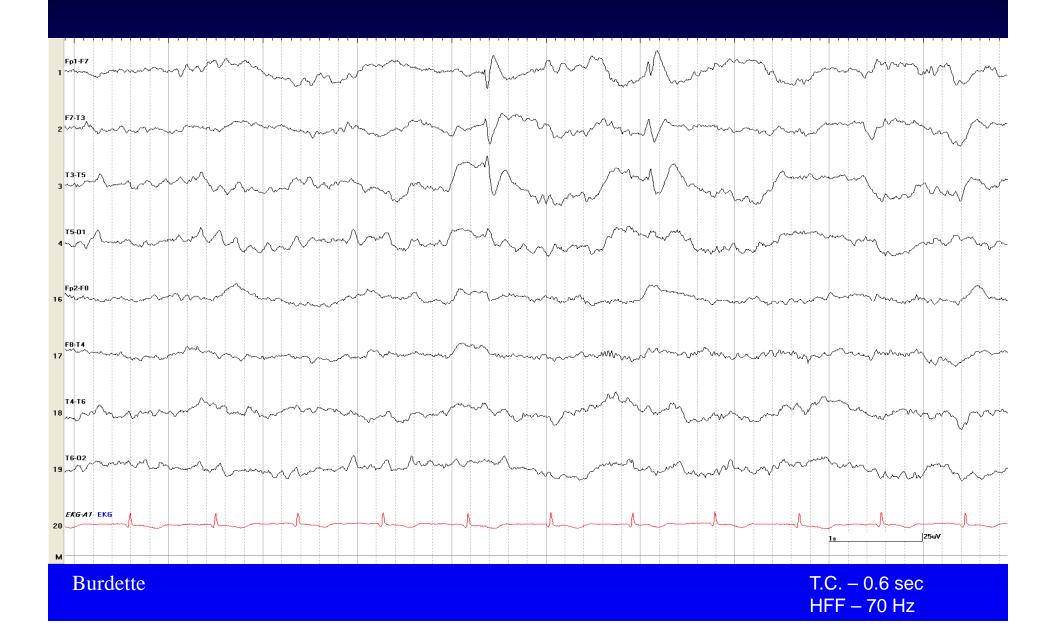
Partial (Localization-related) Epilepsy

- Two broad categories from the standpoint of epilepsy surgery:
 - Temporal
 - Greatest likelihood of resection freedom from seizures
 - Extratemporal
 - Lower likelihood of post-resection freedom from seizures

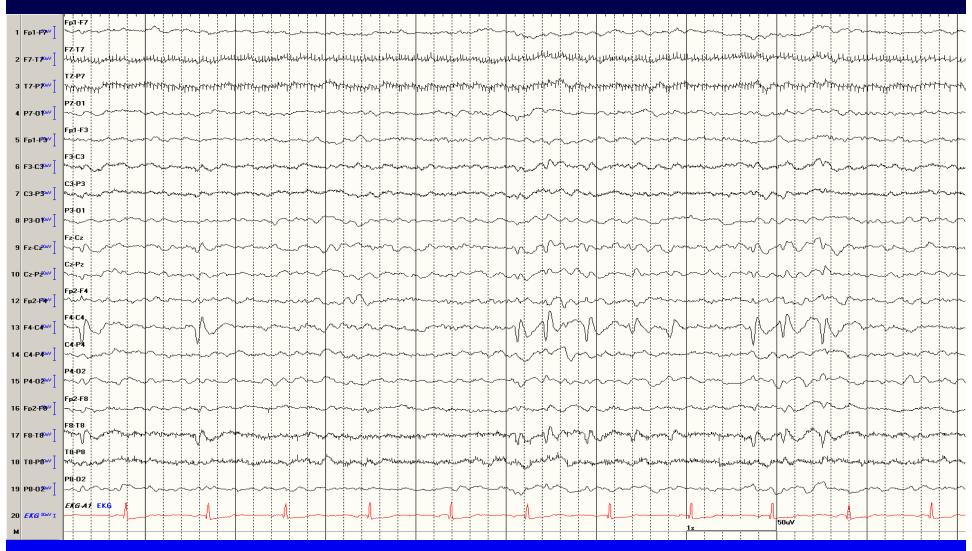
Interictal Discharges: Sharp-slow



Interictal Discharges: Spike-wave



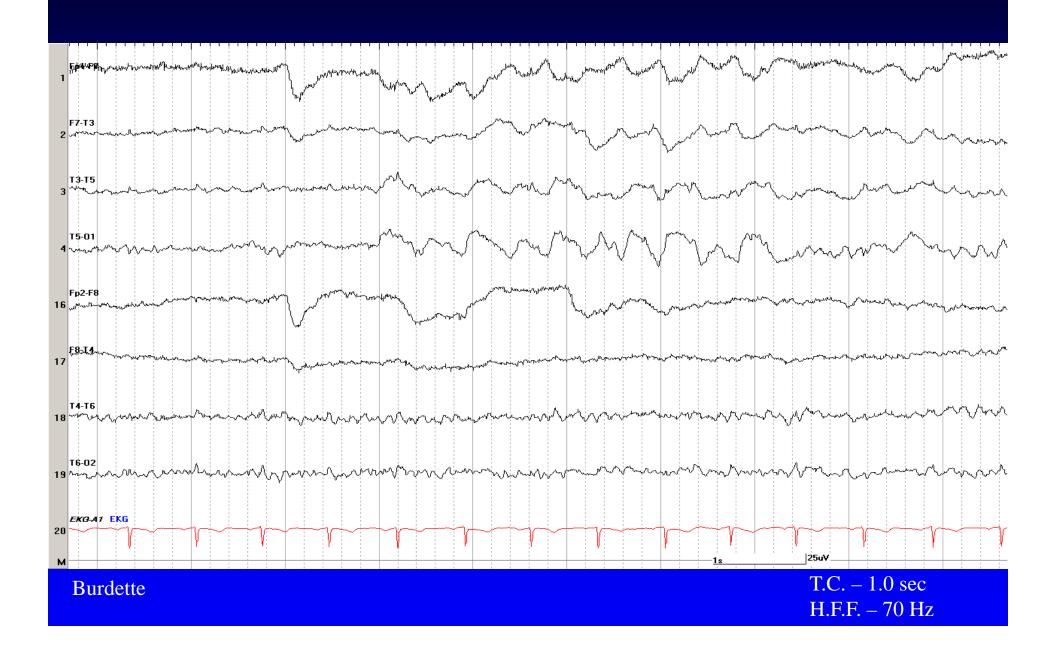
Interictal Discharges: BRE



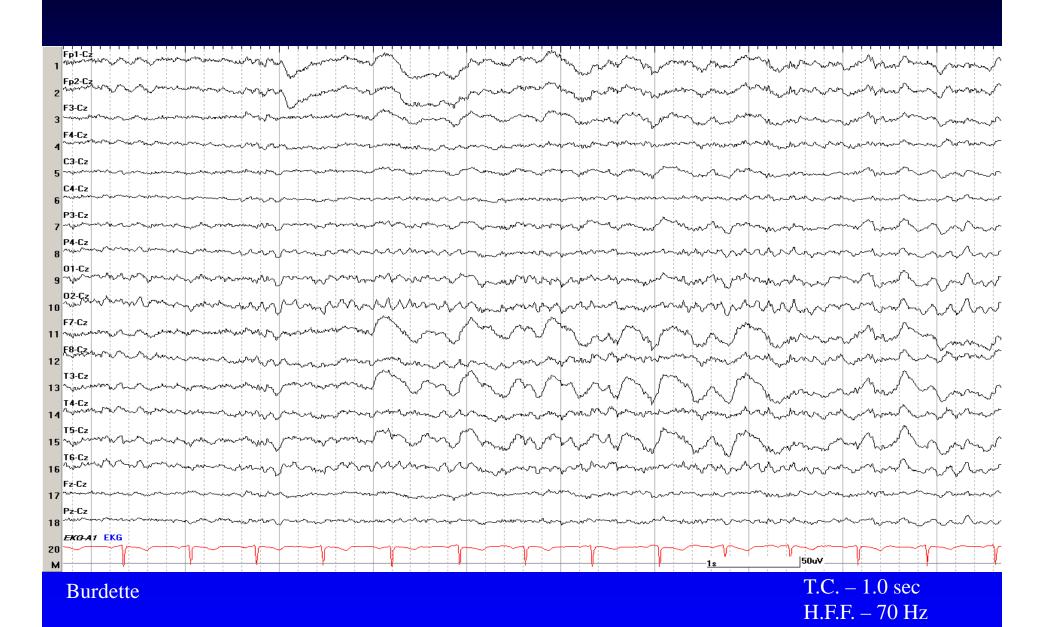
Burdette

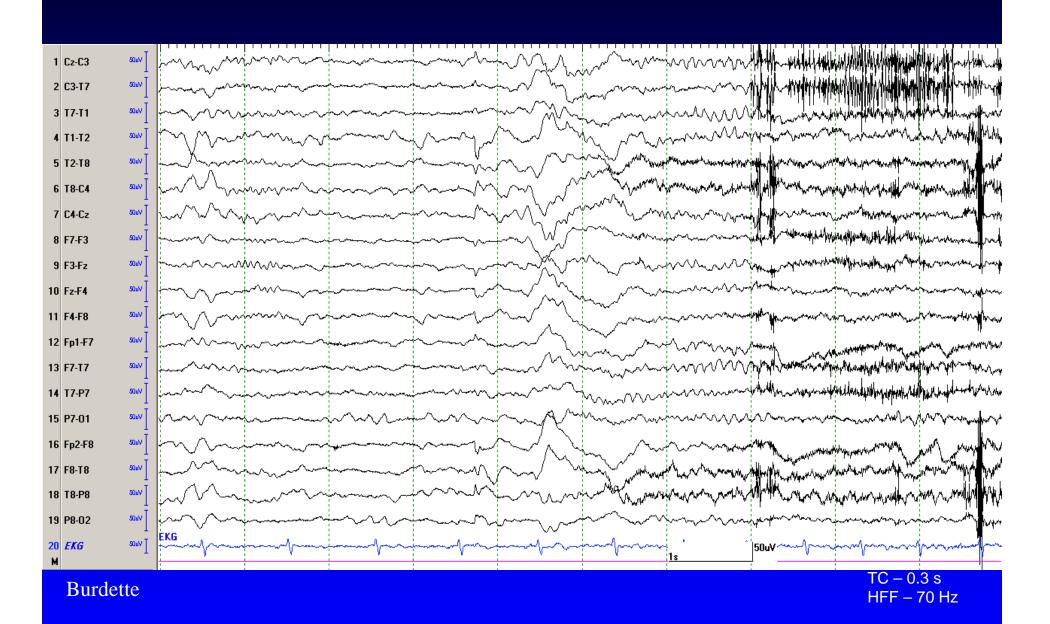
T.C. – 0.1 s H.F.F. – 70 Hz

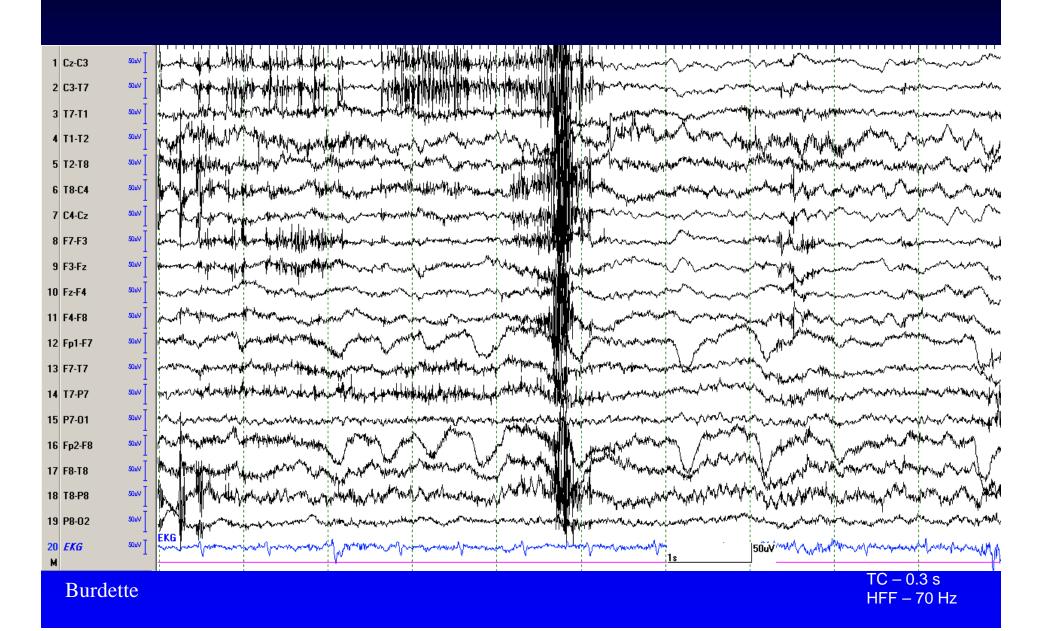
Interictal Discharges: TIRDA

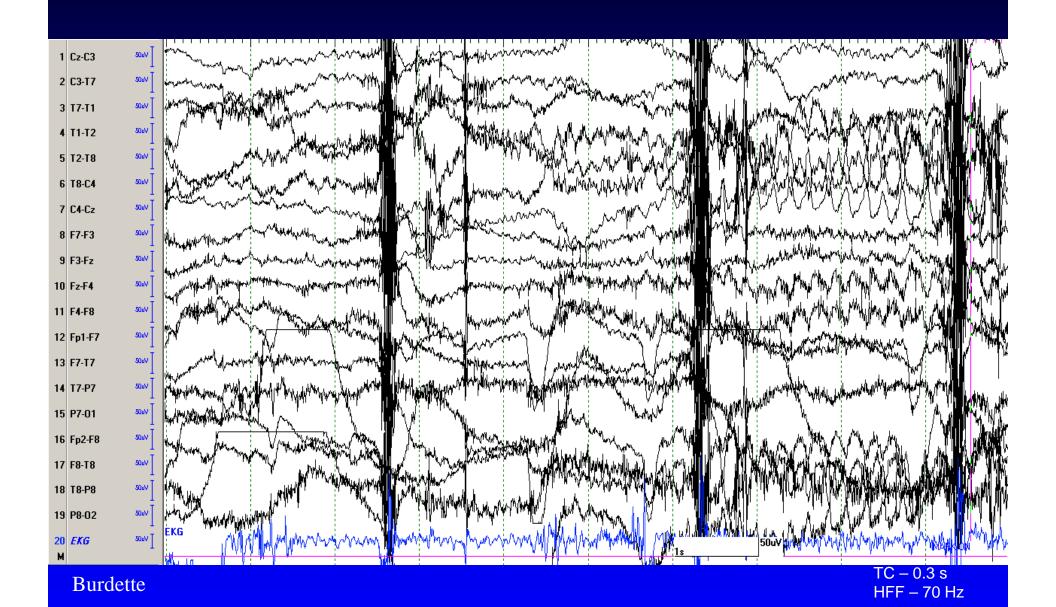


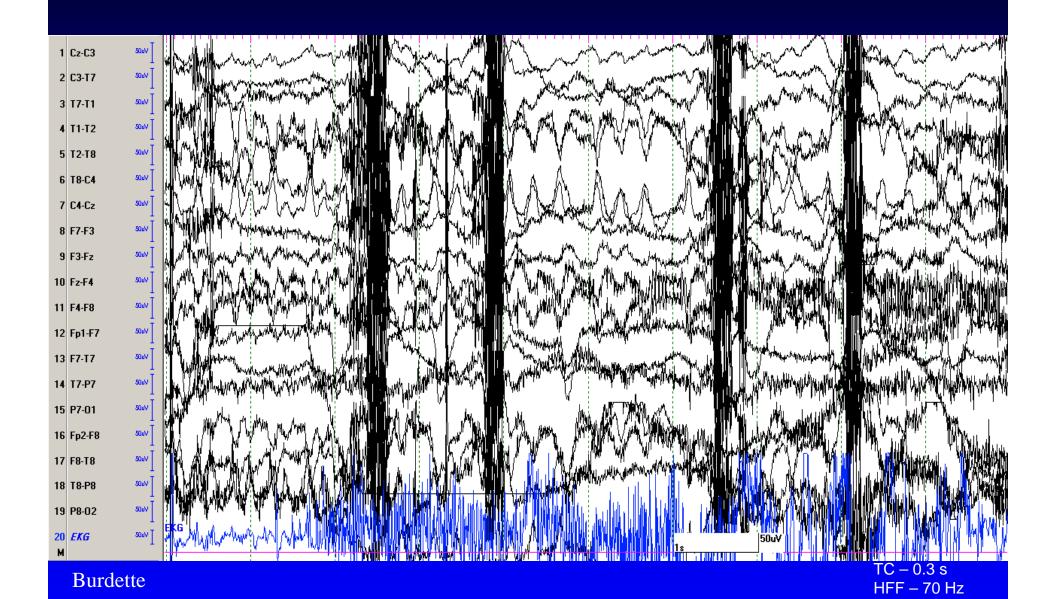
Interictal Discharges: TIRDA

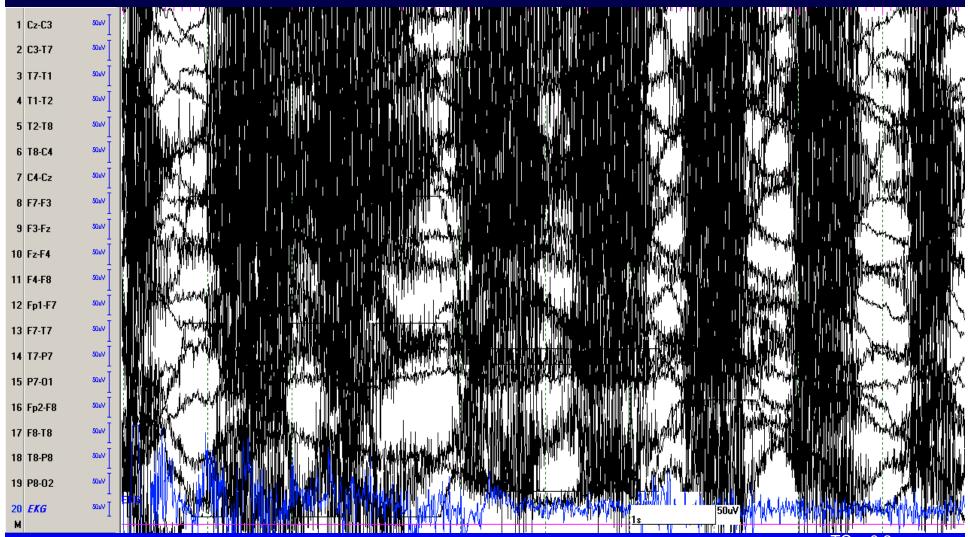






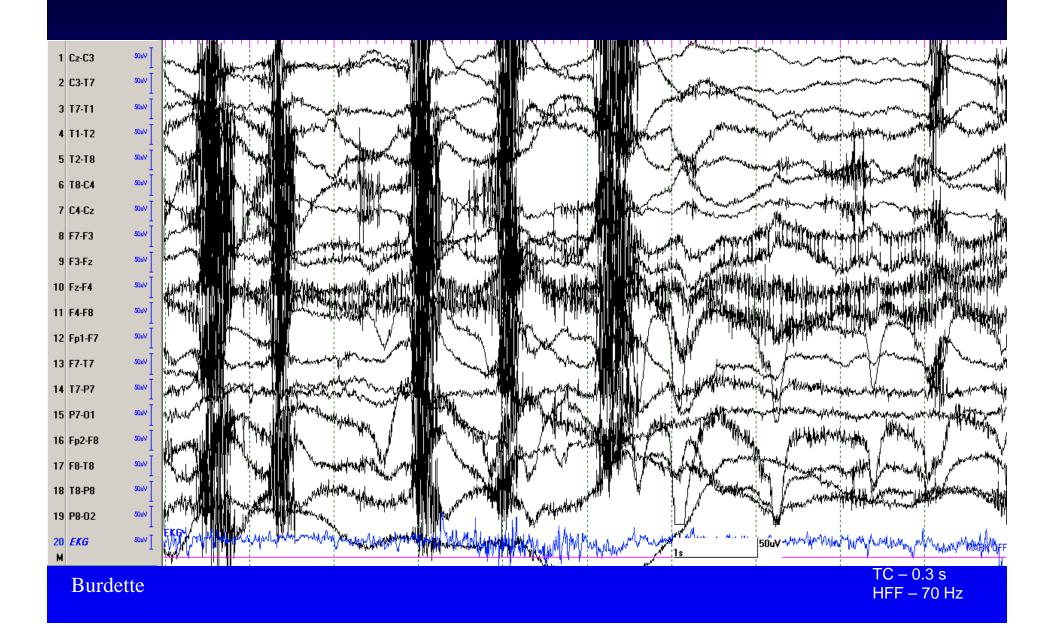




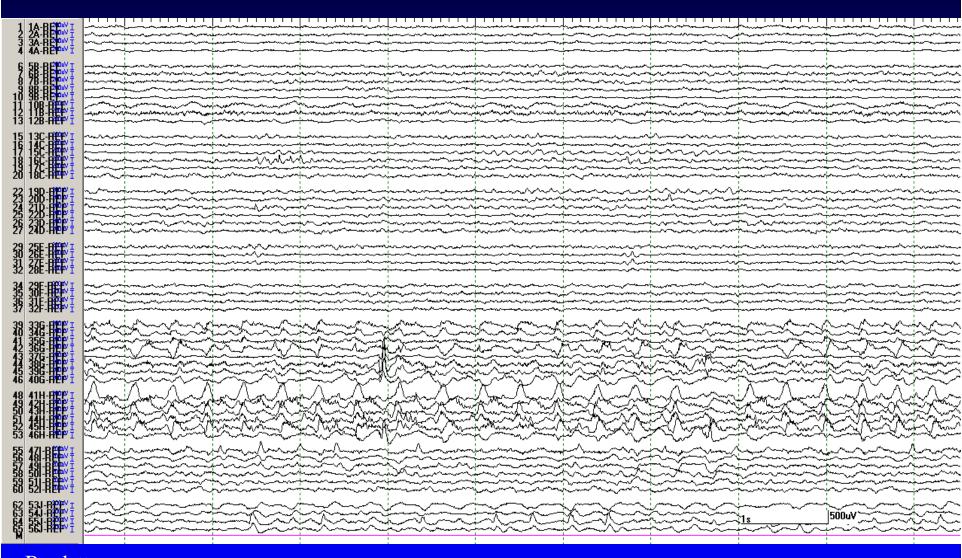


Burdette

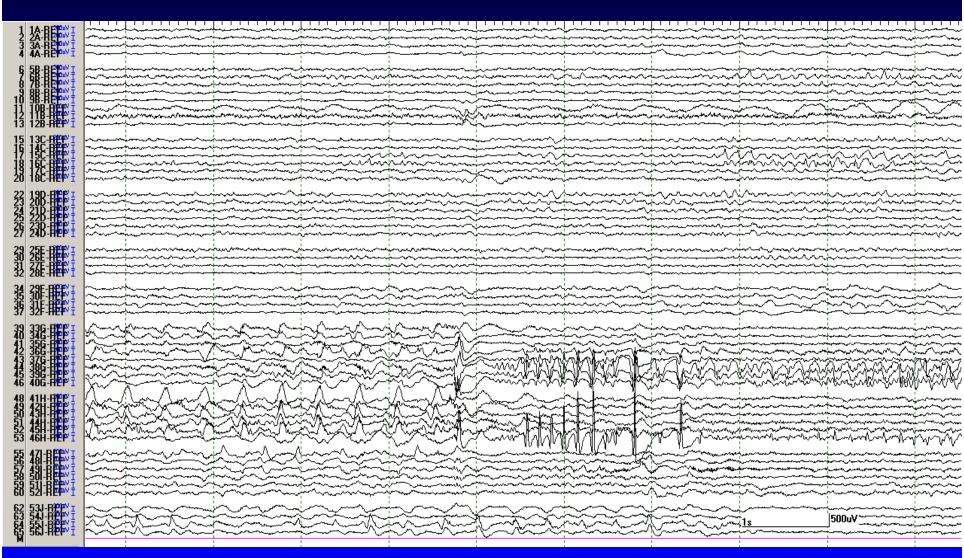
TC – 0.3 s HFF – 70 Hz



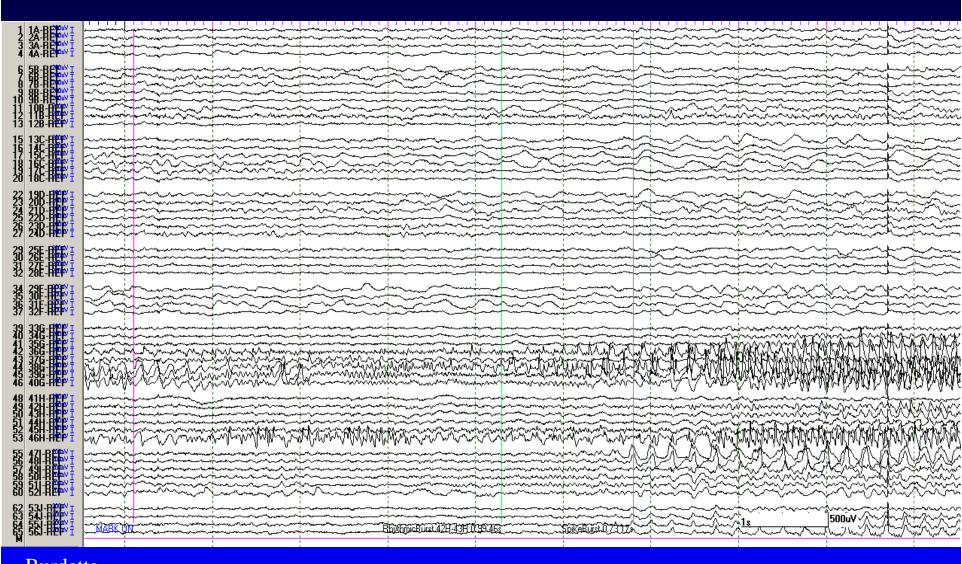
Intracranial Recording: <u>Temporal Lobe Onset</u>



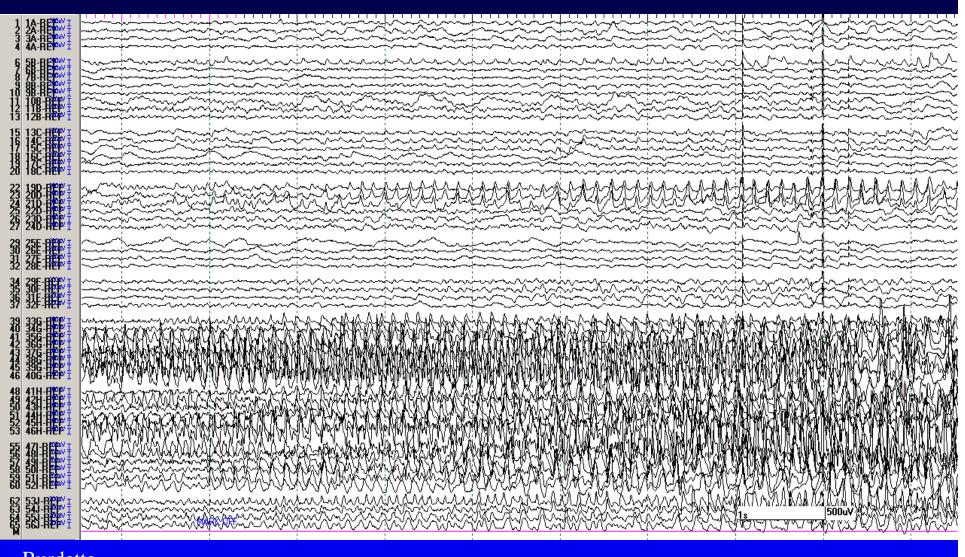
Intracranial Recording: <u>Temporal Lobe Onset</u>

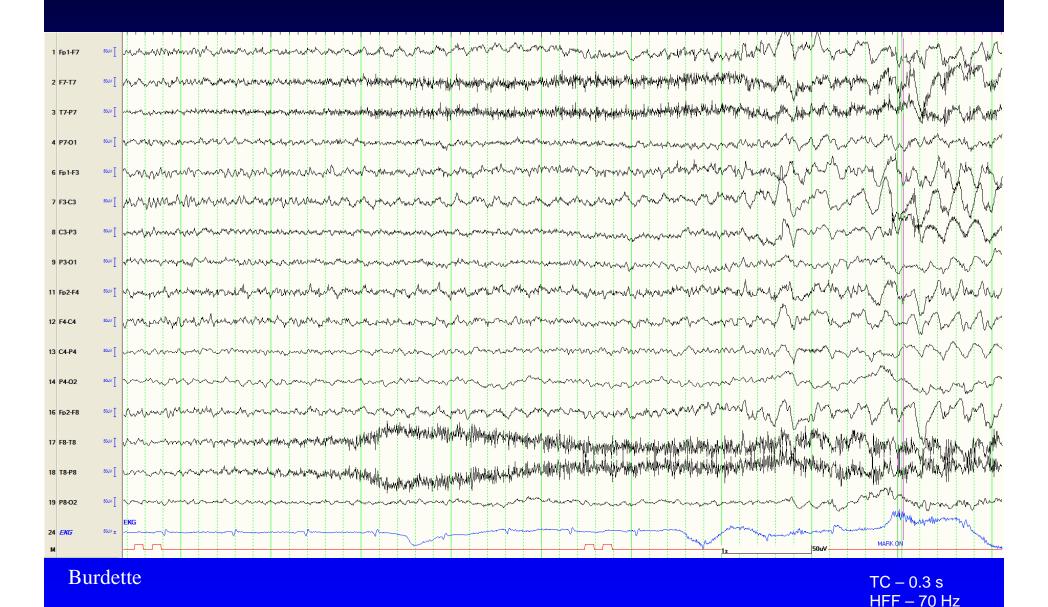


Intracranial Recording: <u>Temporal Lobe Onset</u>



Intracranial Recording: Temporal Lobe Onset





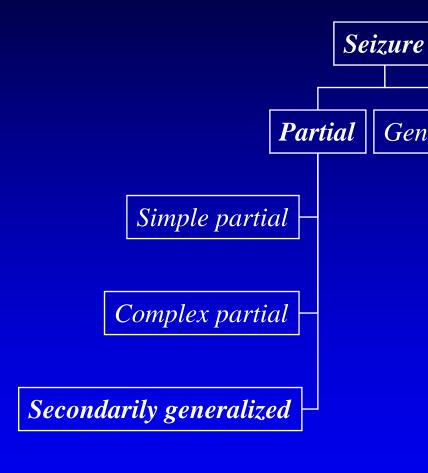






ILAE Classification of Seizures: 2°GTC

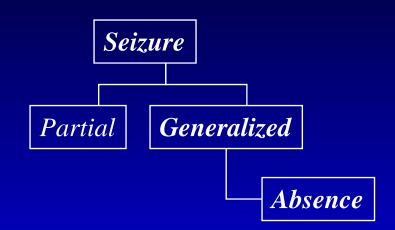
Generalized



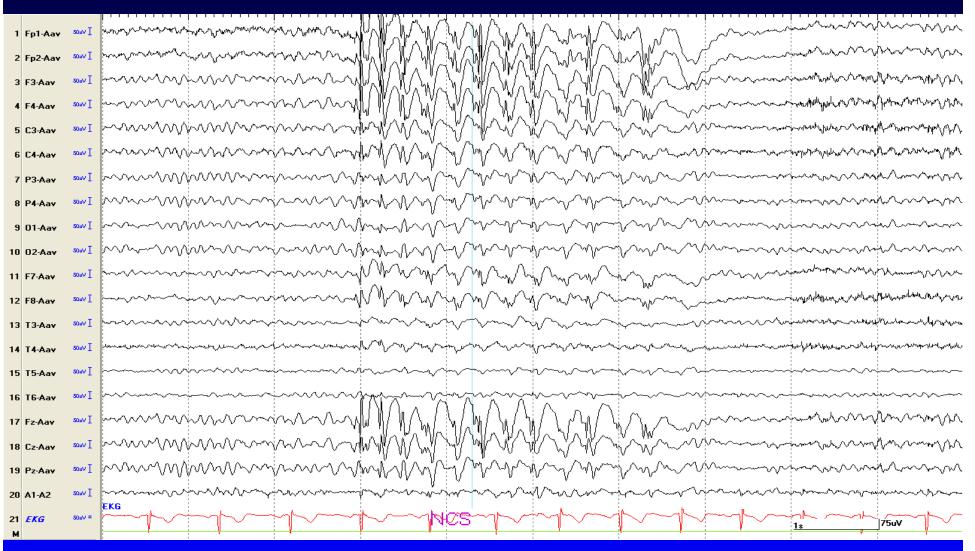
- Begin focally, with or without focal neurological symptoms
- Variable symmetry, intensity, and duration of tonic (stiffening) and clonic (jerking) phases
- Typical duration 1-3 minutes
- Postictal confusion, somnolence, with or without transient focal deficit

ILAE Classification of Seizures: Absence

- Unreponsive/minimally responsive staring
 - Impaired awareness
 - 3-20 seconds
 - Rapid onset and resolution
 - Often provoked by hyperventilation
 - Onset usually between 4 and 14 years of age
 - Often resolve by age 18
- Normal development and intelligence
- EEG 3 Hz spike-wave discharges

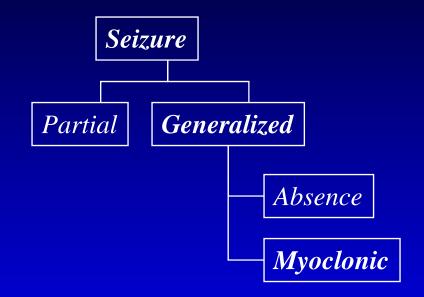


Absence Seizure

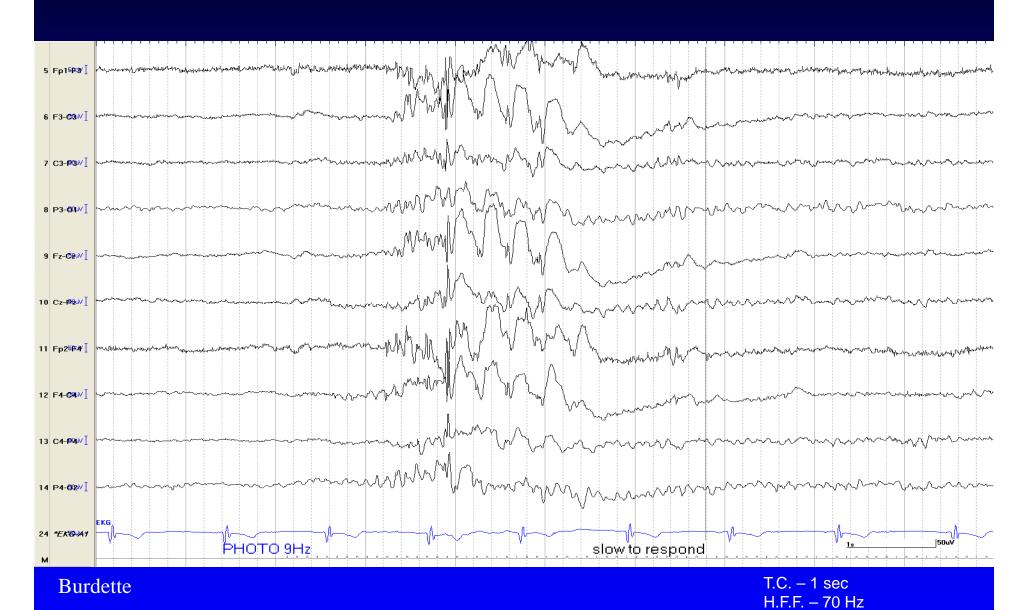


ILAE Classification of Seizures: Myoclonic

- Myoclonus Brief jerk of muscle or group of muscles
- Benign, nonepileptic myoclonus (e.g., sleep associated) no EEG change
- Epileptic myoclonus
 - May be focal or bilaterally synchronous
 - Impairment of consciousness difficult to assess (<1 second)
 - Clonic seizure repeated myoclonic seizures (may have impaired awareness)
 - Normal IQ IGE/JME
 - Decreased IQ SGE
- EEG Generalized 4-6 Hz polyspike wave discharges



Interictal Photoparoxysmal Response



JME – Random Interictal Discharge <u>During Photic Stimulation</u>



Burdette

T.C. – 1.0 sec H.F.F. – 70 Hz

Myoclonic Seizure

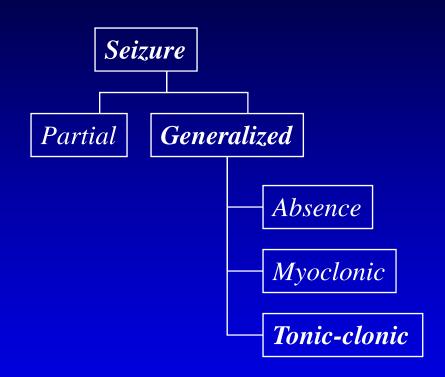


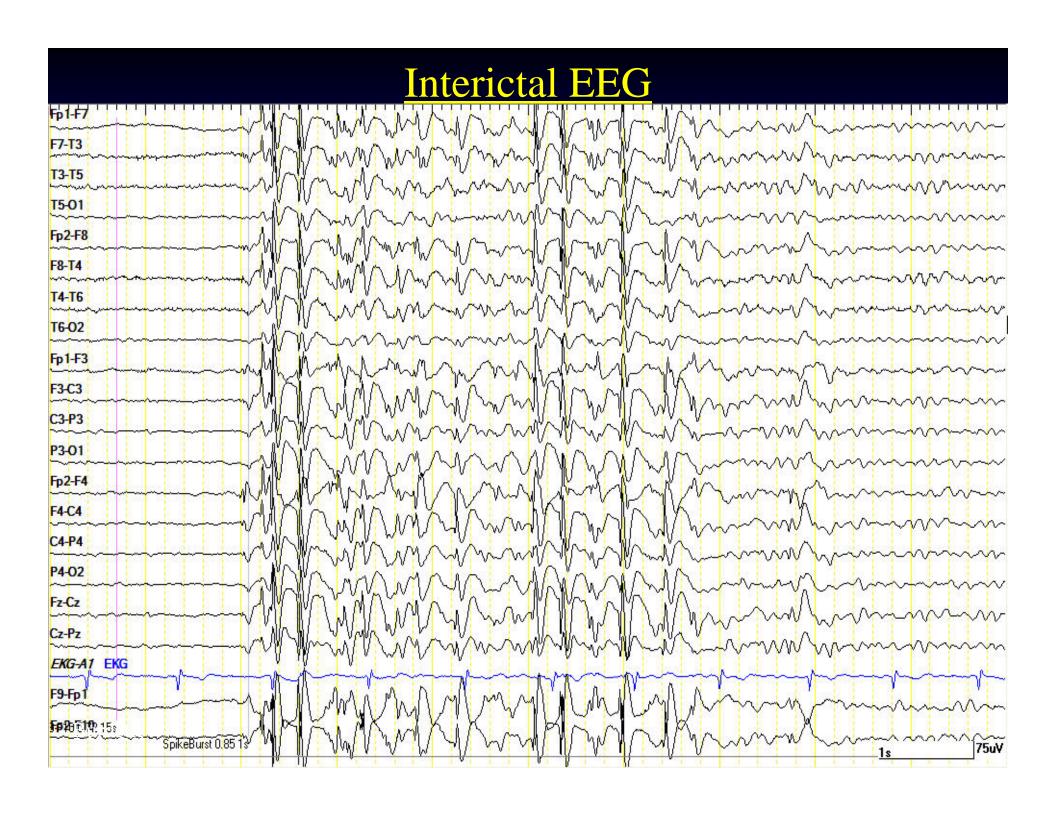
Burdette

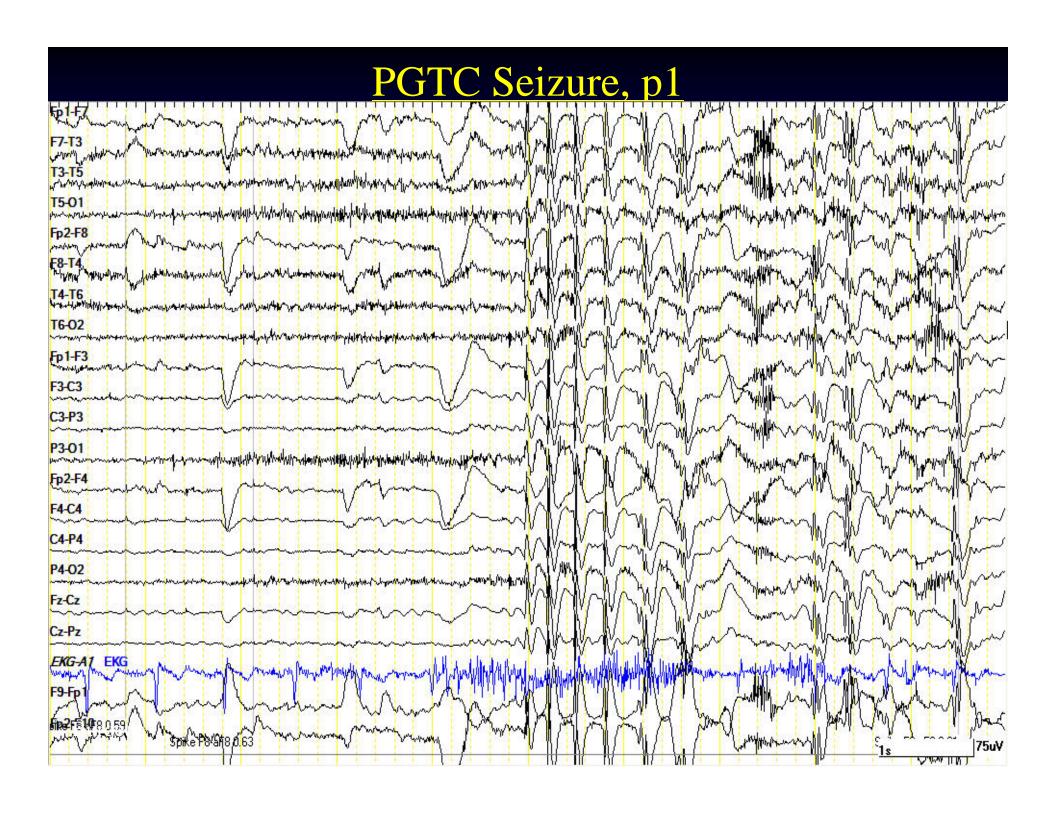
T.C. - 0.3 sH.F.F. – 70 Hz

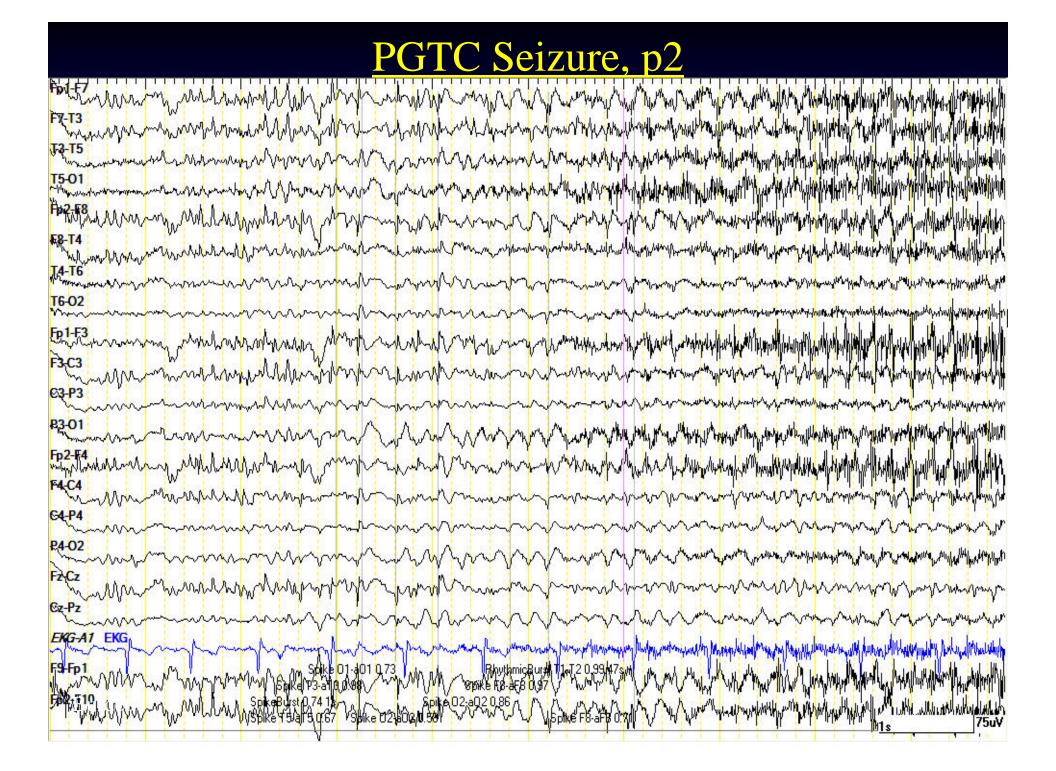
ILAE Classification of Seizures: GTC

- Loss of consciousness and post-ictal lethargy/confusion
- 30-120 seconds
- Tonic phase
 - Stiffening and fall
 - Often with ictal yell
- Clonic phase
 - Rhythmic extremity jerking
- EEG generalized polyspikes

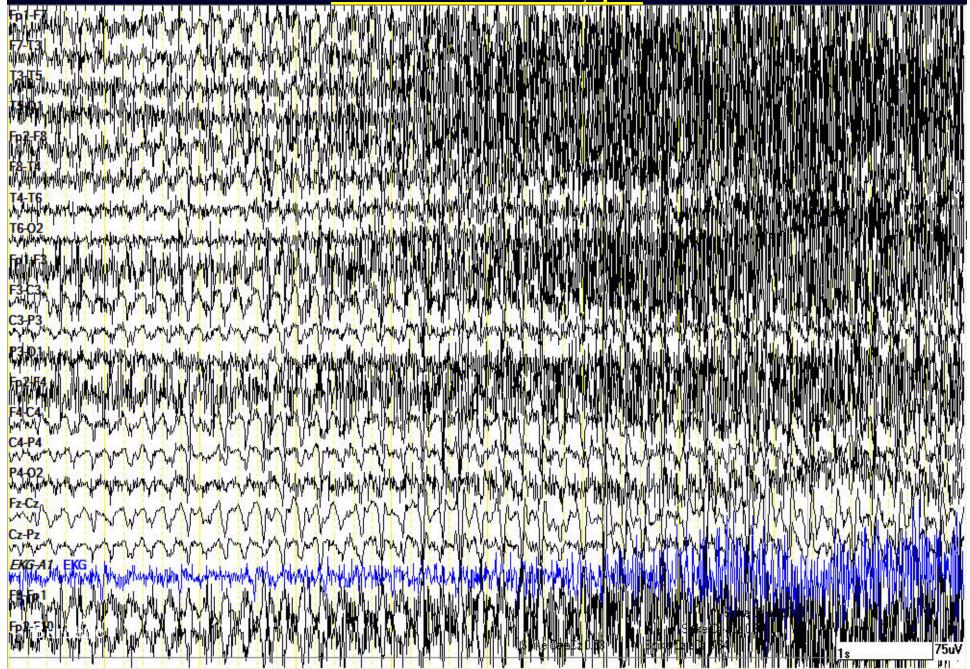


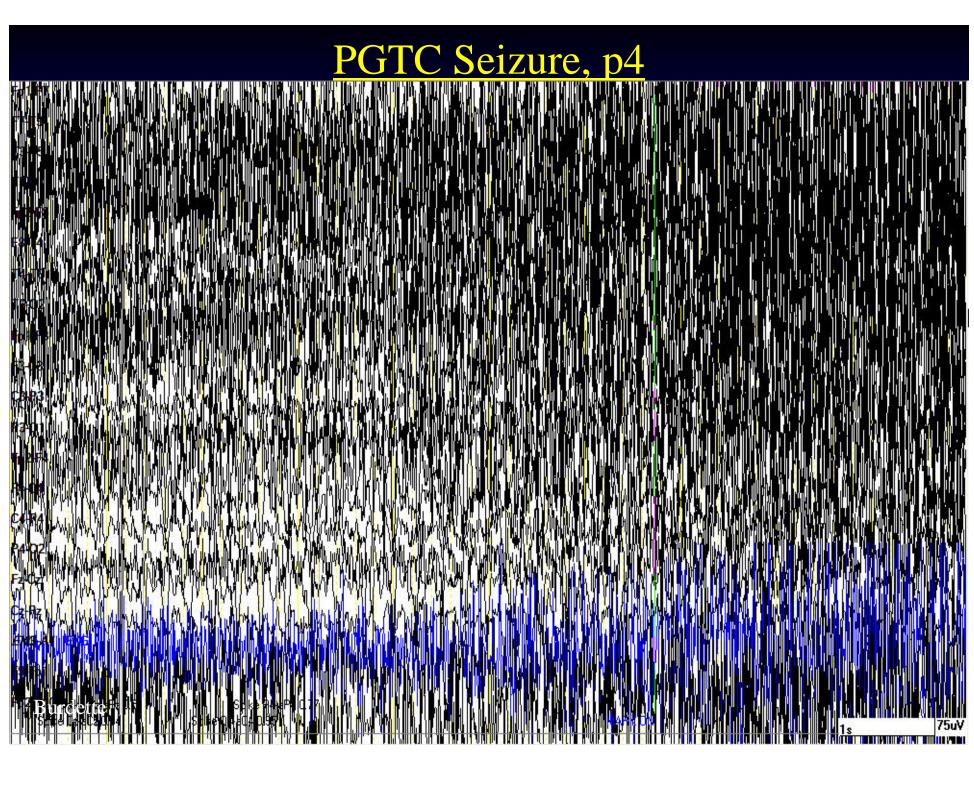


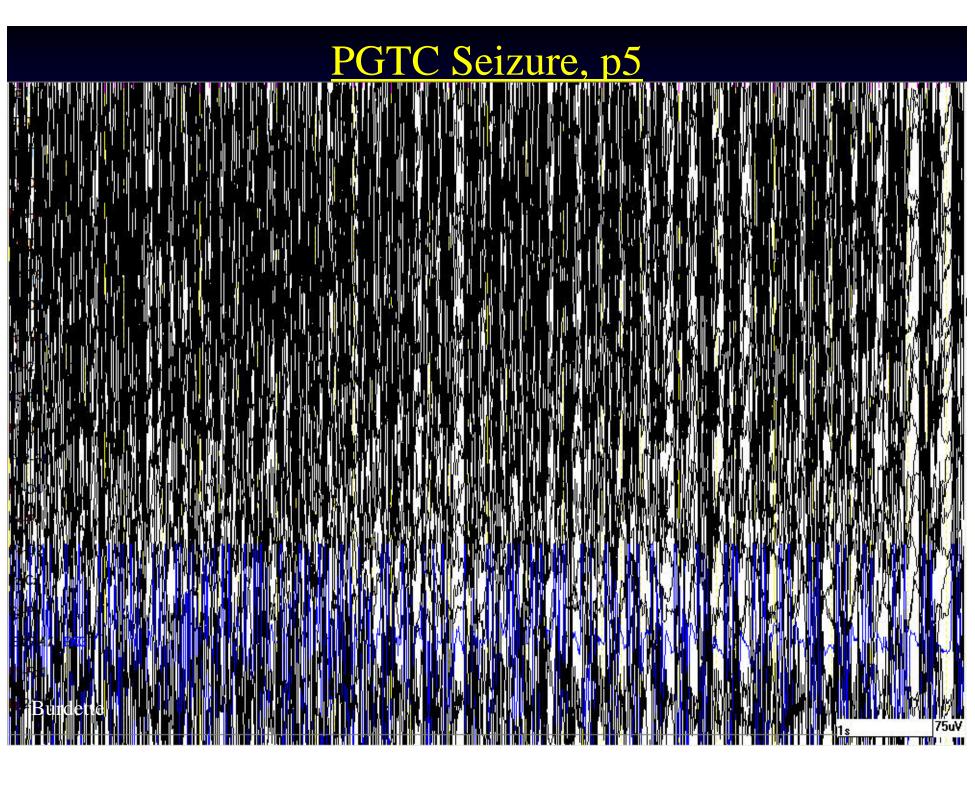




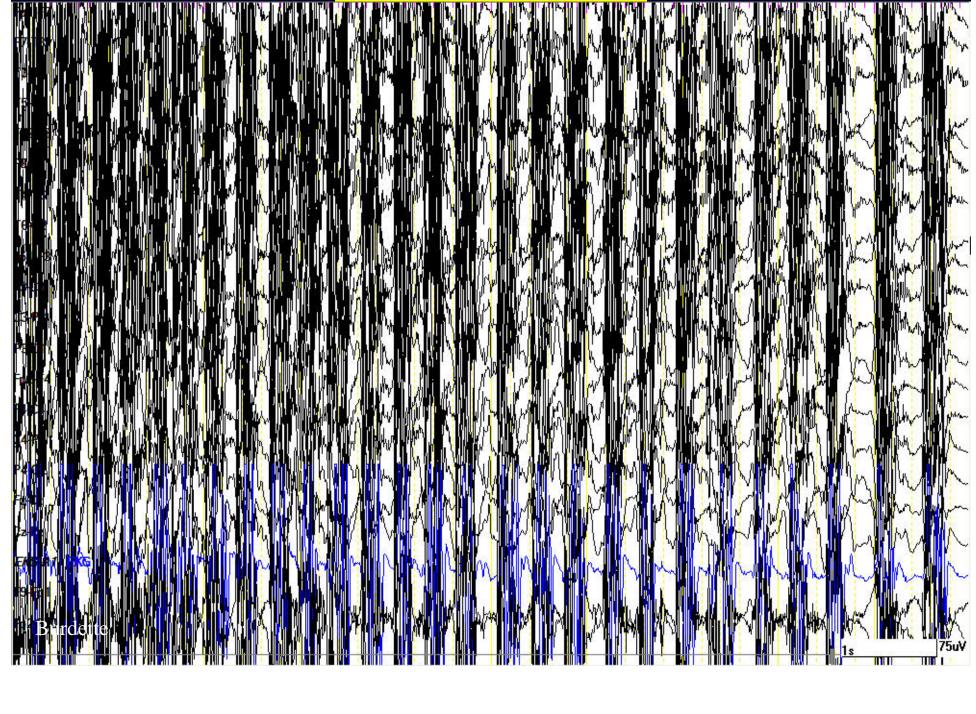
PGTC Seizure, p3

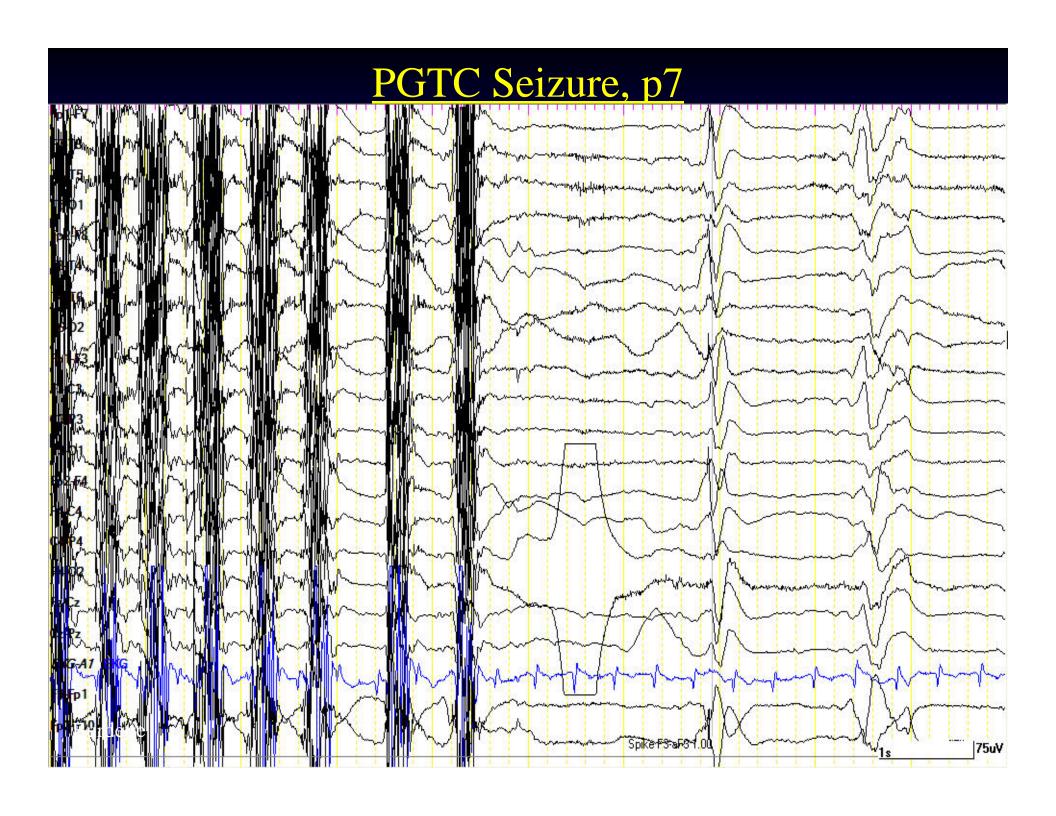






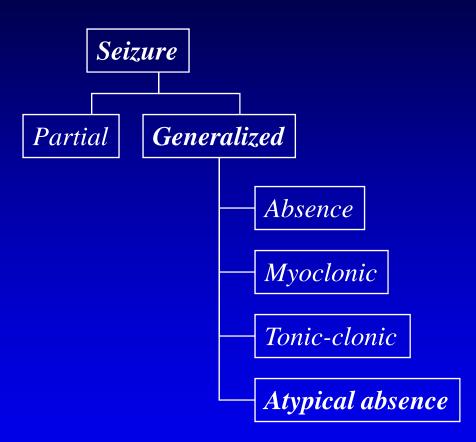
PGTC Seizure, p6



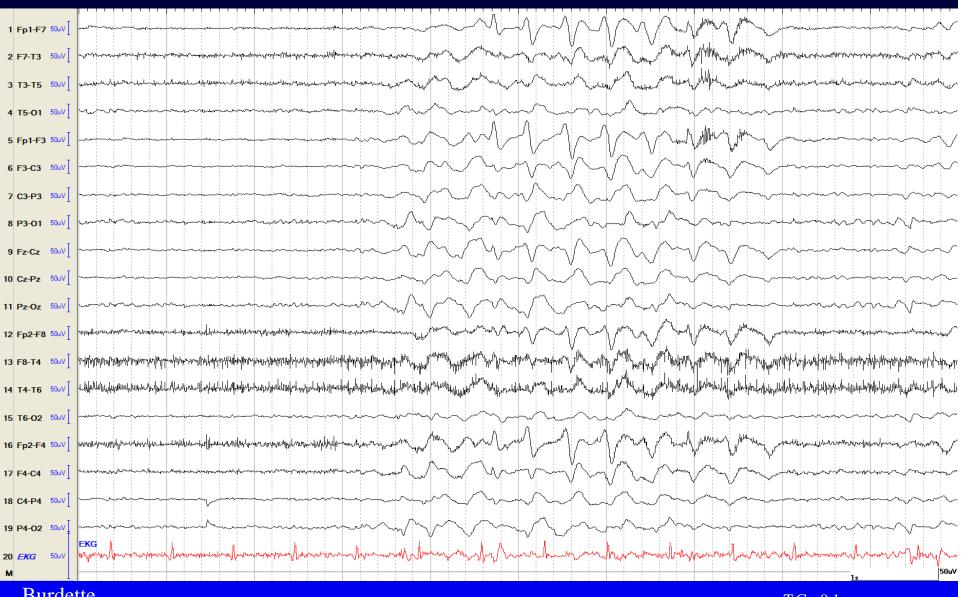


ILAE Classification of Seizures: Atypical Absence

- Staring with variable responsiveness
 - 5-30 seconds
 - Gradual (seconds) onset and resolution
 - Usually not provoked by HV
 - Onset often after the age of 6 years
- Associated with global cognitive impairment
 - SGE
- EEG slow spike-wave (<2.5 Hz)



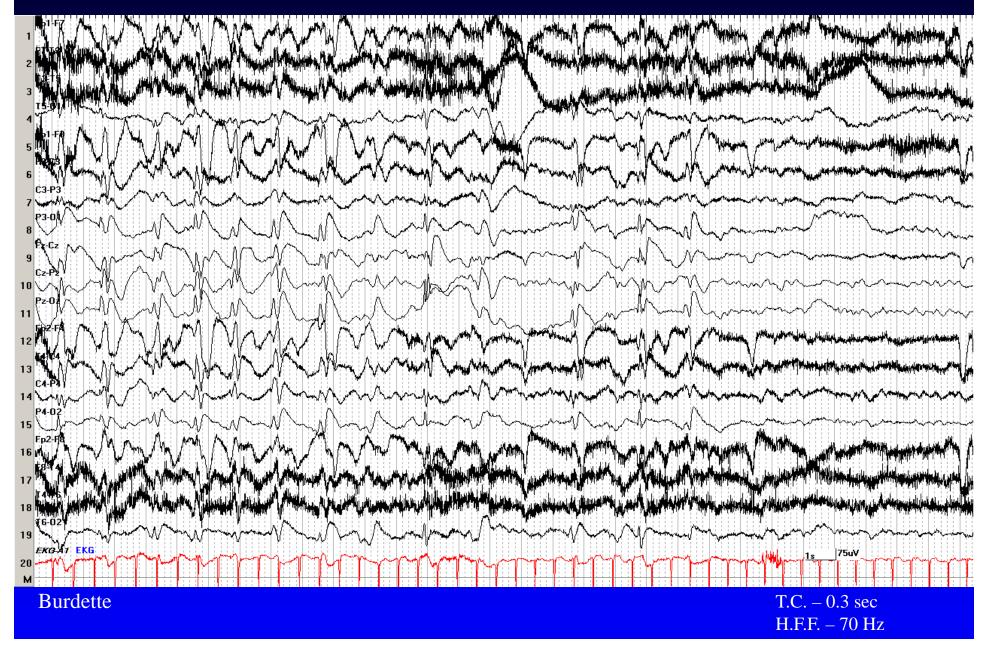
Slow Spike-Wave Discharge – Atypical Absence



Atypical Absence Seizure, p1

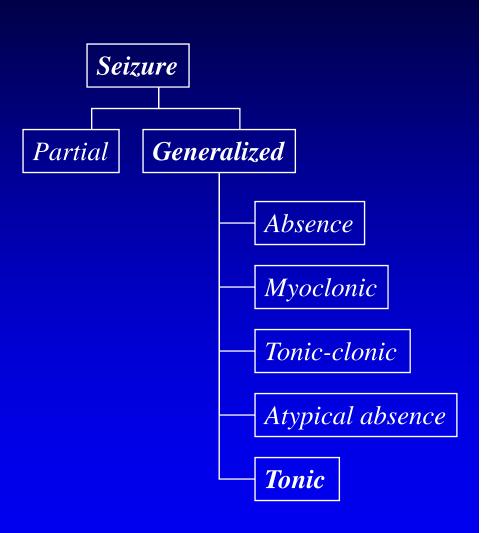


Atypical Absence Seizure, p2

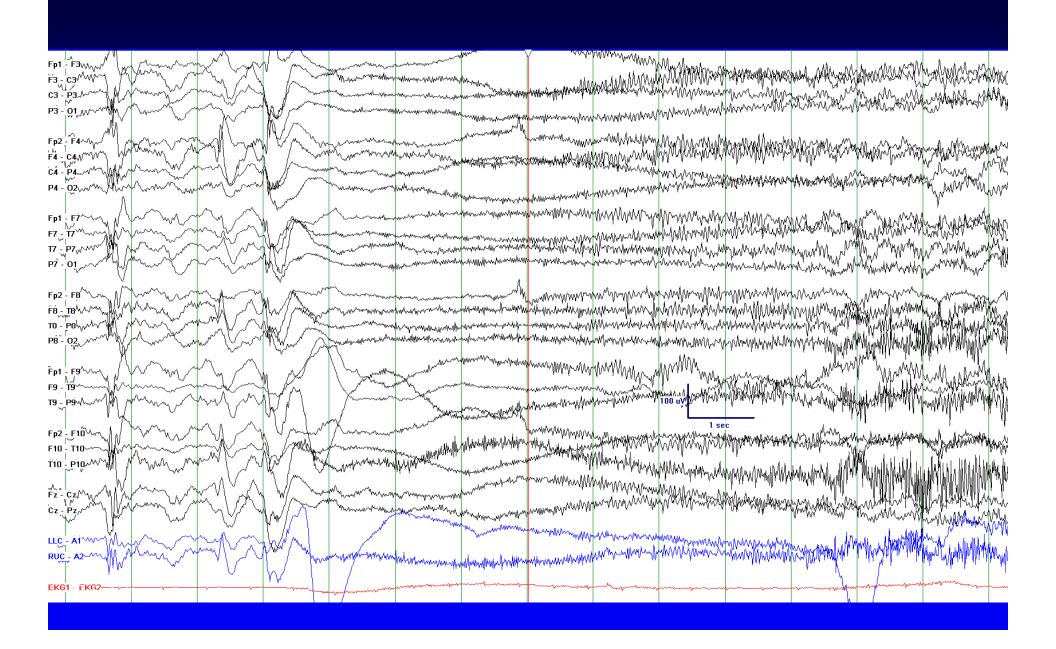


ILAE Classification of Seizures: Tonic

- Symmetric, tonic contraction of axial and appendicular muscles
 - 2-20 seconds
 - Impaired consciousness
- Cognitive impairment
 - SGE
- EEG sudden attenuation with generalized, low voltage fast activity (most common) or generalized polyspike-wave

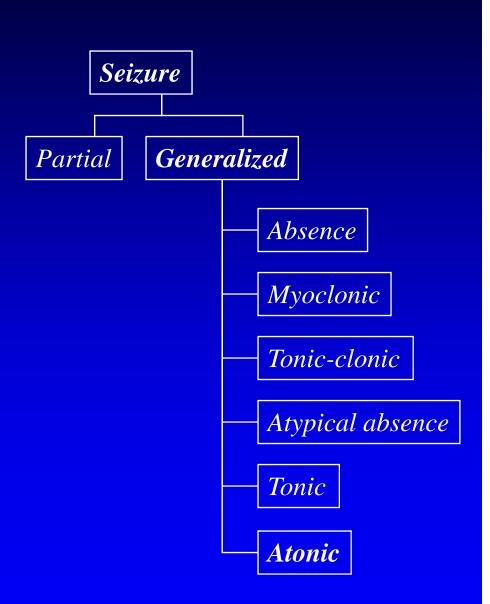


Tonic Seizure



ILAE Classification of Seizures: Atonic

- Sudden loss of postural tone
 - Usually seconds, rarely up to a minute
 - Impaired consciousness
 - Mild head nod or jaw drop
 - Severe fall in unprotected fashion
- Cognitive impairment
 - SGE
- EEG sudden diffuse attenuation or generalized polyspike-wave



Atonic Seizure

