

 Clinical Neurophysiology  
The University Hospital  
 West Coast  
 +47 21 51 91 11

**REFERRER**

Name Dr Doe, John  
Institution Great Epilepsy  
Center  
Address East Coast General  
5154  
+47 21 51 91 11

**PATIENT - PERSONAL INFORMATION**

Name Boy 10 years  
Identity string AEF\_DCM  
Date of birth 9/22/1992  
Gender Male  
Age 11 years

**STUDY INFORMATION**

Study Id 125 Local study id 2261x04 Technologist Tech nician Start 9/15/2004 12:21 PM Stop 9/15/2004 12:41 PM  
Recorded 20 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*****Intermittent photic stimulation******Hyperventilation***

*Properties:* Good effort.

**FINDINGS*****Background activity******Posterior dominant rhythm***

*Properties:* 9 - 10 Hz. Medium amplitude (20-70 $\mu$ V). Symmetrical amplitude. Reactive to eye opening.  
Symmetrical frequency. Normal activity.  
*Screenshot 1*

***Sleep and drowsiness******Sleep stages***

*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. Duration: 1 seconds - 3 seconds.  
*Modulators:* Increased during hyperventilation. Increased during sleep.

***Episodes******Generalized myoclonic seizure***

*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:* Sinus rhythm.

**CONCLUSION**

SUMMARY OF THE FINDINGS

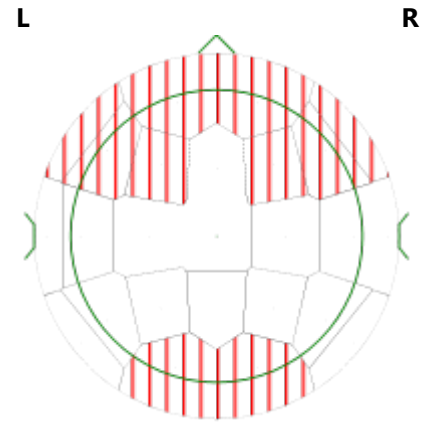
Bilateral synchronous, 4-5 Hz spike, polyspike and slow wave paroxysms. Myoclonic jerks with EEG correlate (polyspikes)



DIAGNOSTIC SIGNIFICANCE

Abnormal recording supporting: Juvenile myoclonic epilepsy

CLINICAL COMMENTS

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



 Epileptiform abnormality  
 Other abnormal activity

Tech nician  
Technologist

One Doctor  
Physician

Two Doctor  
Supervising physician  
(signed)

Screenshots

Screenshot 1

