

Short Communication

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Mobile Video and the Diagnosis of a Seizure

Yong-Hong Liu*

Department of Neurology, Xijing Hospital, The Fourth Military Medical University, P. R. China

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Short Communication

A 12-year-old girl presented to our EEG Monitoring Center at Xijing Hospital with a history of nocturnal paroxysmal unconsciousness and tic of limbs about 3-7 times almost every night. 24 hours Video-electroencephalogram (V-EEG) was performed to the girl in our center. Interictal spikes were detected in electrodes right frontopolar and inferior frontal region during awake period. However, due to a change in sleeping environment, she stayed awake all night and no attack occurred. We can't make a definite diagnosis just based on the description of her father and interictal epileptic discharges. We told her father to record the attack by mobile phone when the attack occurred during the girl sleep at home. After reviewing the video provided by

her father, epileptic seizure was suspected and most likely frontal lobe epilepsy seizure. Her seizure was sudden onset and brief with abrupt termination. The post ictal drowsiness was short. The seizure was hypermotor type with thrashing, hitting, crossing and uncrossing her legs and associated with fear as the emotional expression (Video 1). The semiology support of frontal lobe epilepsy of hypermotor type. The girl was prescribed oxcarbazepine, 300 mg, twice a day. She was seizure free for more than 2 years. It is difficult to differentiate between frontal epilepsy and nocturnal paroxysmal dystonia according to the interictal epileptic discharge only without the recording of the event and EEG. However, mobile video can record the patient's episodes in such detail that is better than the witness verbal description. These video records will be helpful to differentiate seizures from other paroxysmal diseases. A mobile video will be of great significance to the diagnosis of a seizure (Video 1).

***Corresponding author:** Yong-Hong Liu, Department of Neurology, Xijing Hospital, The Fourth Military Medical University, P.R. China, Tel: +86 13991236602; E-mail: liuyhong@fmmu.edu.cn

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