Clinical Commentary with video



Crossing the lines between epilepsy syndromes: a myoclonic epilepsy variant with prominent eyelid myoclonia and atonic components

Pinelopi Dragoumi¹, Jacqueline Emery², Fiona Chivers³, Megan Brady³, Archana Desurkar⁴, J Helen Cross^{5,6}, Krishna B. Das⁶

 $^{^{1}}$ Aristotle University of Thessaloniki, A' Department of Paediatrics, Hippokration General Hospital of Thessaloniki, Greece

²Young Epilepsy, Paediatric Neurology, Lingfield, Surrey

³ Young Epilepsy, Neurophysiology, Lingfield, Surrey

⁴Sheffield Children's Hospital, Sheffield

⁵ Developmental Neurosciences, UCL Great Ormond Street Institute of Child Health, London

⁶ Great Ormond Street Hospital for Children, London, UK



Epilepsy syndrome diagnosis

 Effective classification of epileptic seizures and syndromes is essential for appropriate management and prognosis.

Diagnostic challenge:

Patients with unusual manifestations whose electroclinical features cannot fit neatly into a recognized epilepsy syndrome or cases where epilepsy syndromes appear to overlap.





Eyelid myoclonia with or without absences

- Phenotypic heterogeneity has been documented in the literature in several cases marked by the presence of Eyelid Myoclonia with or without Absences (EMA- EM)
- O Jeavons syndrome hallmark:
 - (i) eyelid myoclonia with or without absences
 - (ii) eye closure-induced seizures, EEG paroxysms, or both
 - (iii) photosensitivity



Case presentations

- We describe two female paediatric patients who presented with EMA but demonstrated clear atypical features that cross the lines between epilepsy syndromes, such as prominent myoclonic seizures, atonic components on video-EEG polygraphy, and cognitive impairment.
- Photosensitivity can be suppressed by antiepileptic medication and may diminish with age, as demonstrated in the case of the second patient.
- Of note, the patients were not on any medications which could have induced these symptoms.

Case 1



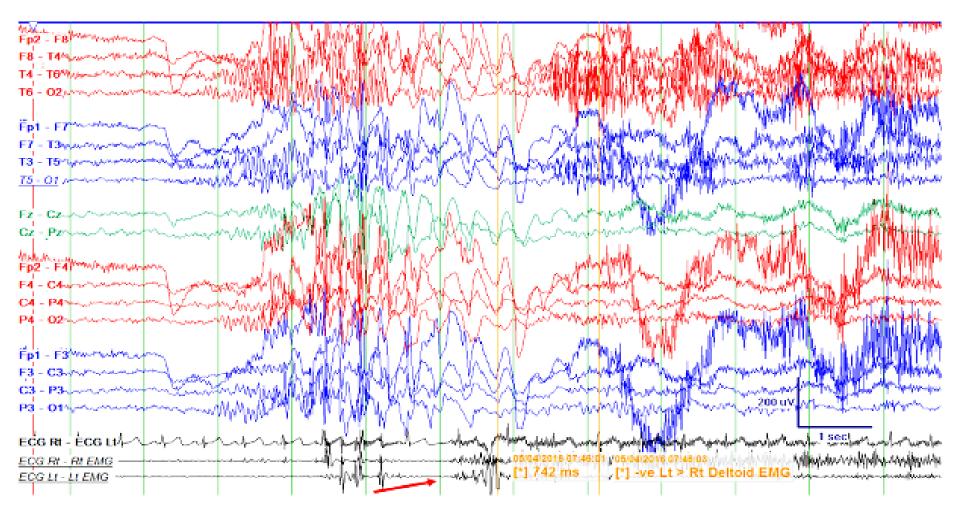


Figure 1: Ictal EEG with polygraphy showing atonia on the deltoid EMG; left > right (duration: 742 msec).

Case 2 please include arrow showing atonia



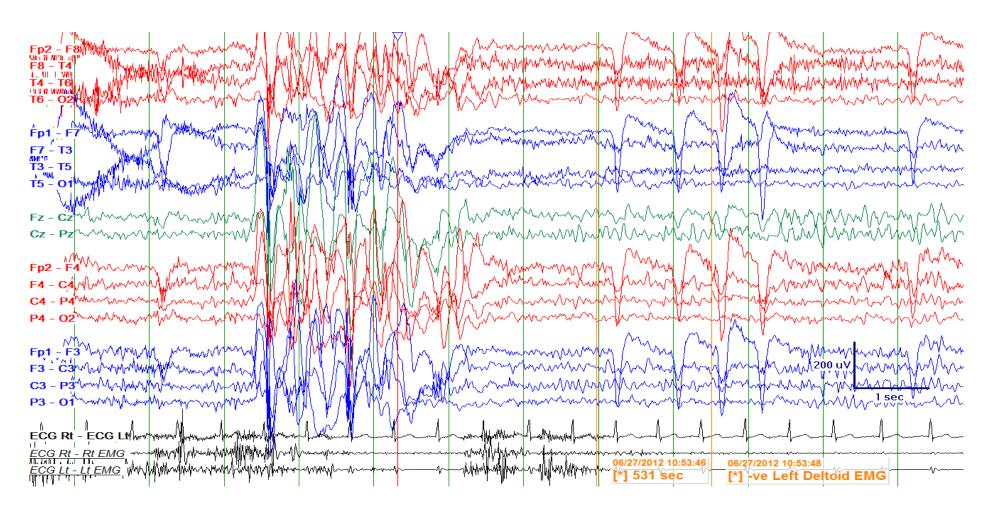


Figure 2: Ictal EEG with polygraphy showing atonia on the left deltoid EMG (duration: 531 msec).



Discussion

- A few reports in the literature have described similar cases with unusual presentation of Eyelid Myoclonias with Absences (EMA) in the clinical course of childhood epilepsy, suggesting that their occurrence alone is not sufficient to characterize a definite epilepsy syndrome.
- Either a diagnosis of a Jeavons syndrome variant was proposed or EMA was considered an electroclinical feature of a distinct genetic generalised epilepsy syndrome.
- Our description of atonic components enlarges the spectrum of seizure types that can be associated with eyelid myoclonia with and without absences, adding to the variability of "overlap" phenotypes.