

Successful epilepsy surgery in frontal lobe epilepsy with startle seizures: a SEEG study*

Ana Ciurea^{1,3,5}, Irina Popa², Mihai Dragos Maliia²,
Nagy Csilla-Johanna², Andrei Barborica^{3,4}, Cristian Donos³,
Jean Ciurea⁵, Ioan Opris⁶, Ioana Mindruta^{2,7}

¹ Neurology, Neurovascular Diseases National Institute, Bucharest, Romania

² Neurology Department, University Emergency Hospital, Bucharest, Romania

³ Physics Department, University of Bucharest, Bucharest, Romania

⁴ FHC Inc, Bowdoin ME, USA

⁵ Neurosurgery Department, Bagdasar-Arseni Hospital, Bucharest, Romania

⁶ Department of Physiology & Pharmacology, Wake Forest University Health Sciences,
Winston-Salem, NC, USA

⁷ Neurology Department, Carol Davila University of Medicine and Pharmacy, Bucharest,
Romania

Received July 10, 2015; Accepted November 08, 2015

History

Seizures

Neuropsych

Imaging

Video EEG

Hypothesis

icEEG

Surgery

Conclusion

R.I. 31-year-old, right-handed, male

- Unremarkable personal and family history
- Age at onset of current seizures: 3 years
- AEDs tested : VPA + Methsuximide

Current treatment: VPA 2000mg/day

LMT 200mg/day

LCM 200mg/day

- Longest seizure-free period: 7 years (after initiating the treatment)
- Current seizure(s) frequency: weekly (12 seizures/month)
- Neurological examination: normal
- Neuropsychological evaluation :
 - IQ=95
 - executive disfunction
 - attention deficit

Imaging: 1.5 T cerebral MRI – no clear-cut lesion

- Seizure induced by unexpected noise - video
- usually no aura (sometimes fear), grimacing (“chapeau de gendarme”), brief axial tonic contraction, anterior flexion with tonic contraction of upper limbs, short loss of contact



History

Seizures

Neuropsych

Imaging

Video EEG

Hypothesis

icEEG

Surgery

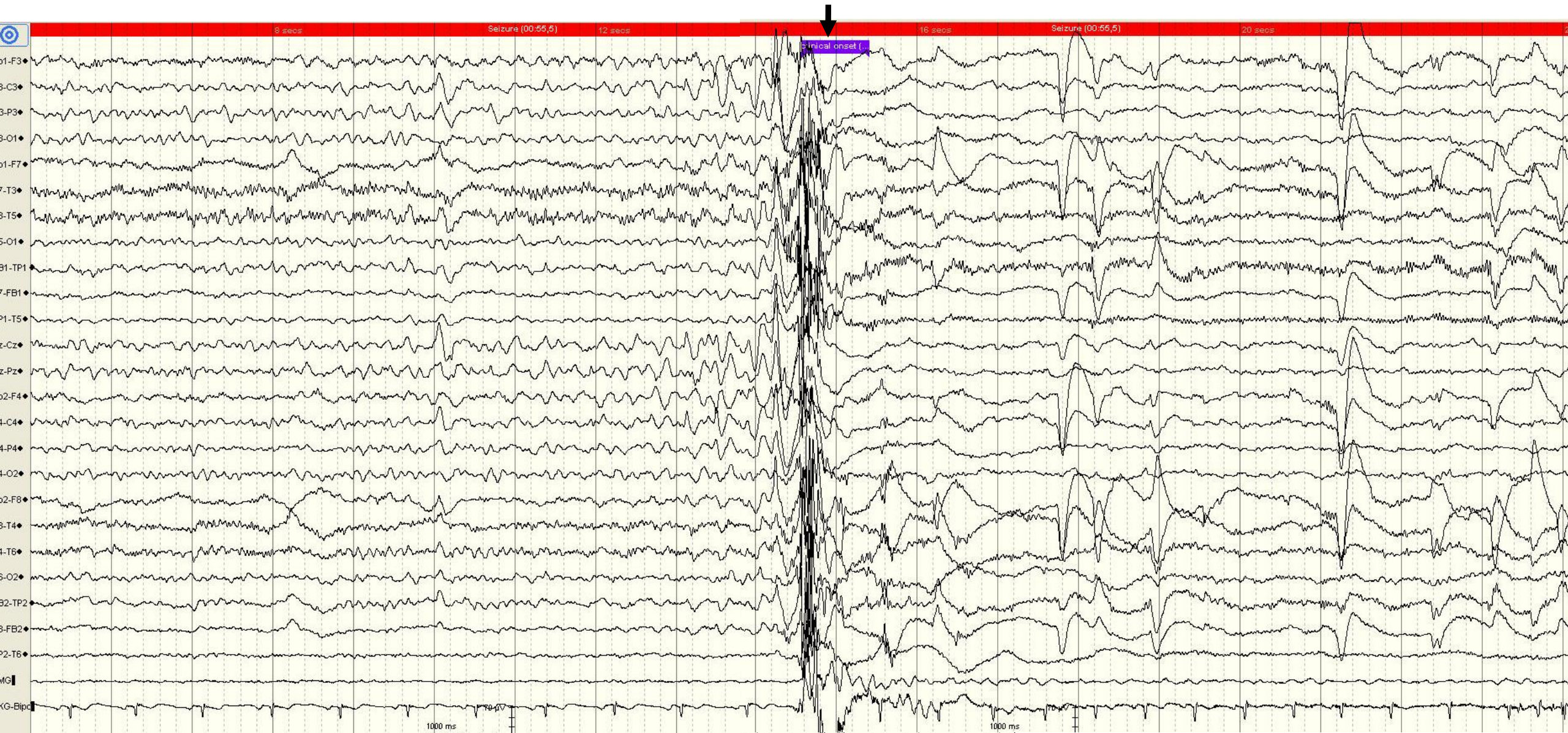
Conclusion

Interictal bifrontal epileptiform discharges
with midline dominance, phase reversal in F3

Interictal left frontal short runs of rapid activity
during sleep



Clinical onset



- Ictal VEEG shows large bifrontal baseline shift with superimposed fast activity followed by a diffuse electrodecrement that largely involves bifronto-parietal territories and dominates over the midline without clear cut lateralization

History

Seizures

Neuropsych

Imaging

Video EEG

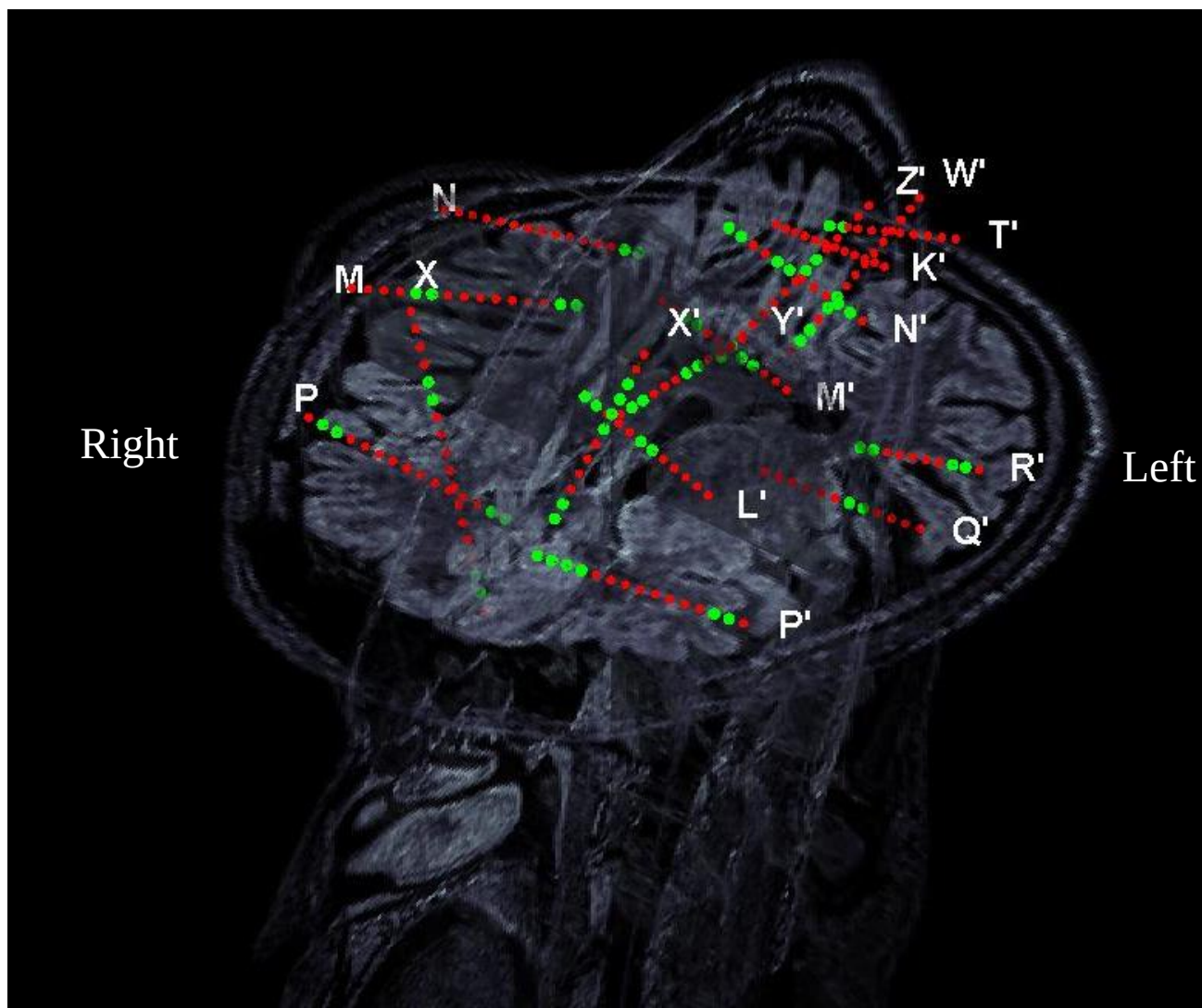
Hypothesis

icEEG

Surgery

Conclusion

Implantation chart



Interictal SEEG

awake

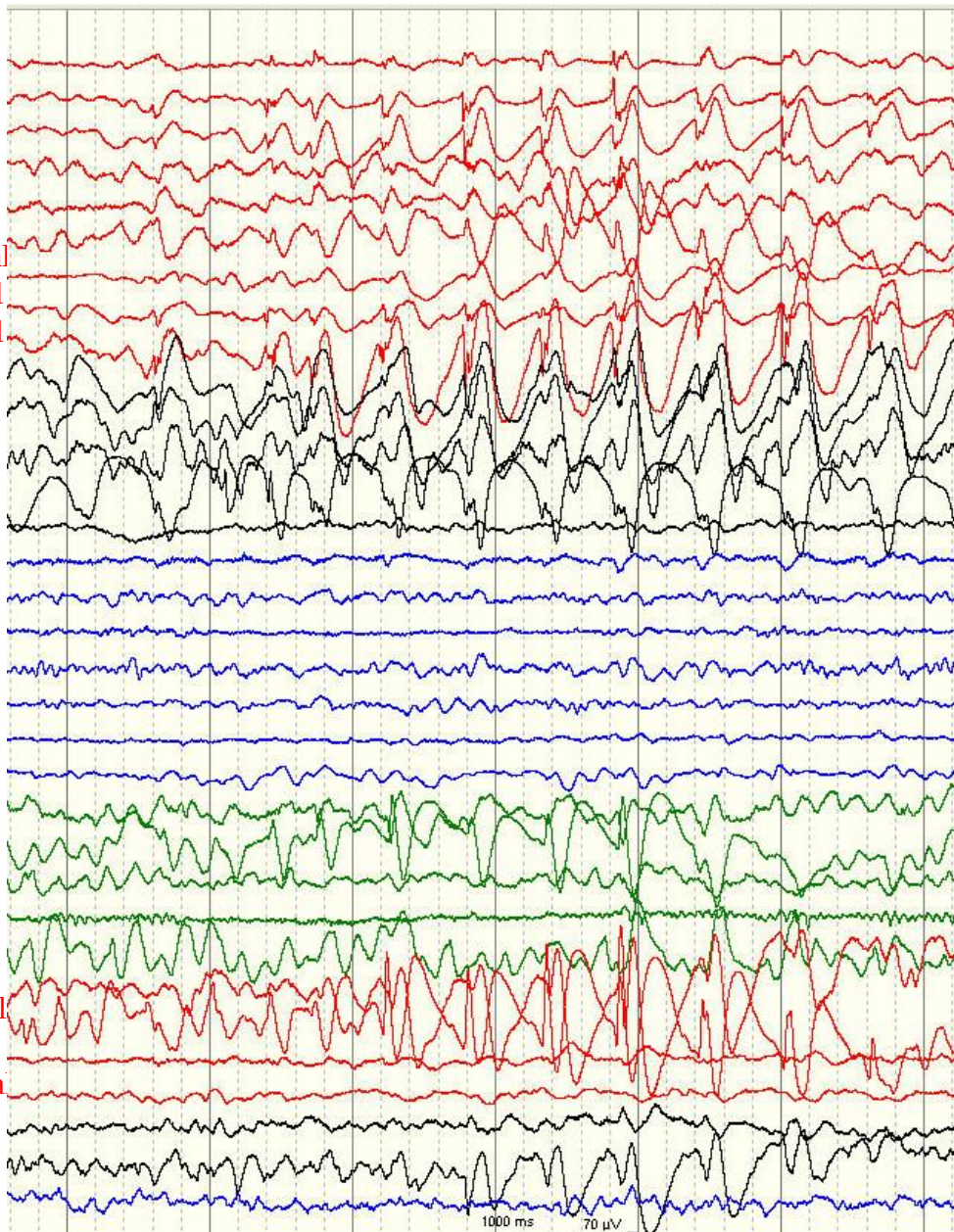
L Anterior cingulate
L Superior Frontal Gyrus

L Anterior Cingulate

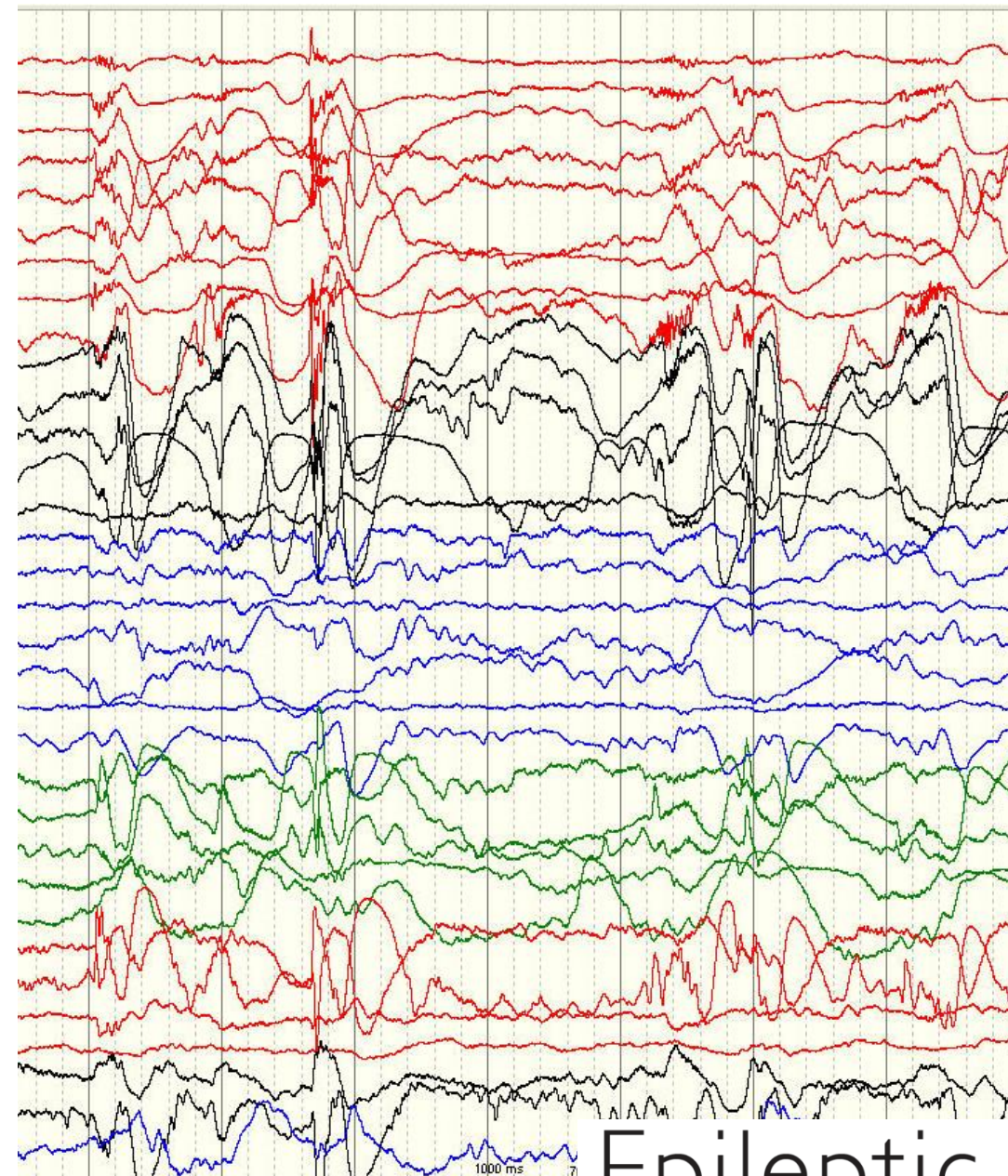
L Ventro-Lateral Prefrontal
L Dorso-Medial Prefrontal
L Dorso-Lateral Prefrontal
L Middle Cingulate
L Superior Frontal Gyrus
L preSMA
L Premotor
L Operculum Frontalis
L Posterior Cingulate
L Premotor
L SMA
L Premotor
L Operculum Rolandis

L Internal Parietal

L Paracentral Lobule
L Postcentral Gyrus
R Medial Orbitofrontal
R Dorso-Lateral Prefrontal
R Anterior Cingulate
R Ventro-Lateral Prefrontal
R preSMA
R Premotor
R Premotor



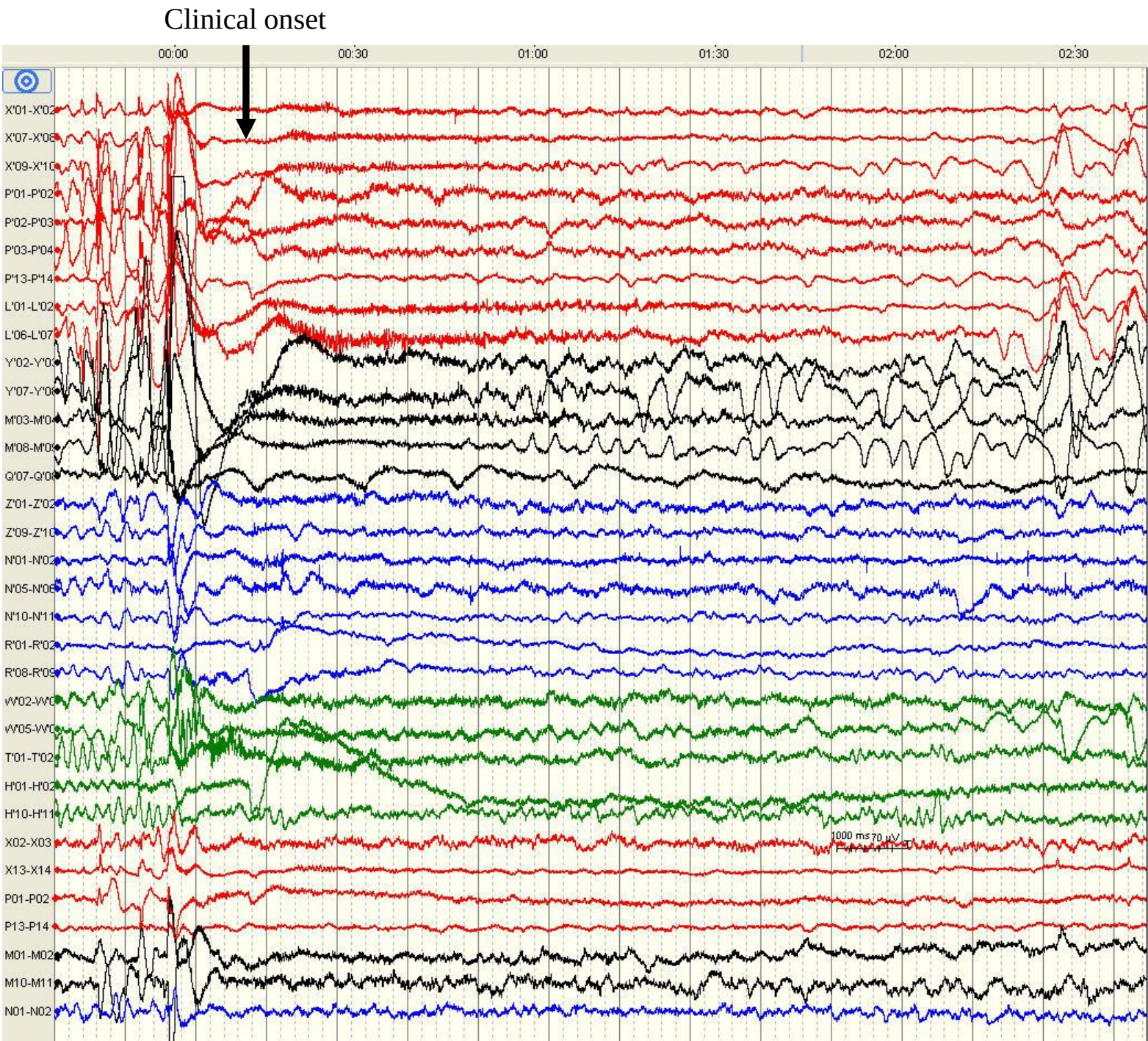
sleep



Epileptic
Disorders

Ictal SEEG

- L Anterior cingulate
- L Superior Frontal Gyrus
- L Anterior Cingulate
- L Ventro-Lateral Prefrontal
- L Dorso-Medial Prefrontal
- L Dorso-Lateral Prefrontal
- L Middle Cingulate
- L Superior Frontal Gyrus
- L preSMA
- L Premotor
- L Operculum Frontalis
- L Posterior Cingulate
- L Premotor
- L SMA
- L Premotor
- L Operculum Rolandis
- L Internal Parietal
- L Paracentral Lobule
- L Postcentral Gyrus
- R Medial Orbitofrontal
- R Dorso-Lateral Prefrontal
- R Anterior Cingulate
- R Ventro-Lateral Prefrontal
- R preSMA
- R Premotor
- R Premotor



History

Seizures

Neuropsych

Imaging

Video EEG

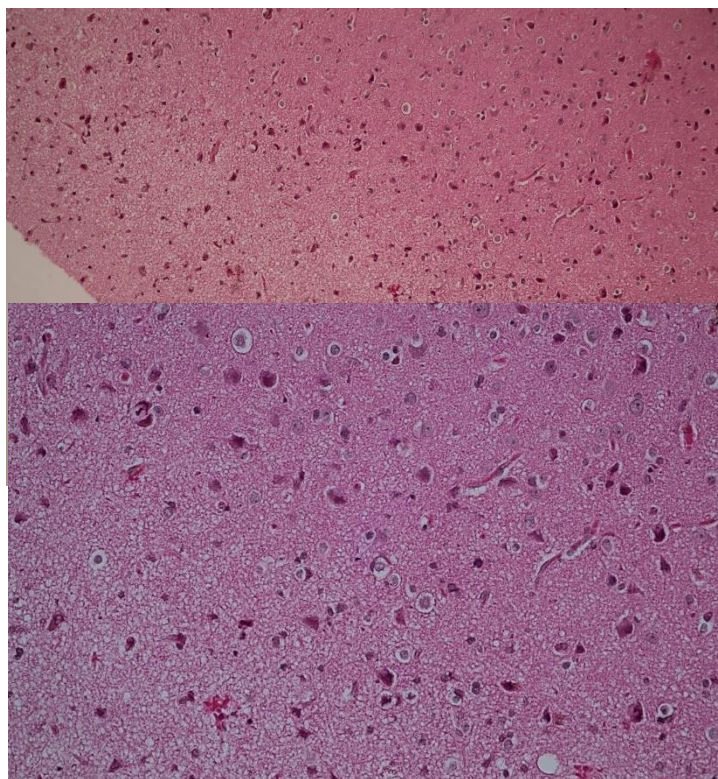
Hypothesis

icEEG

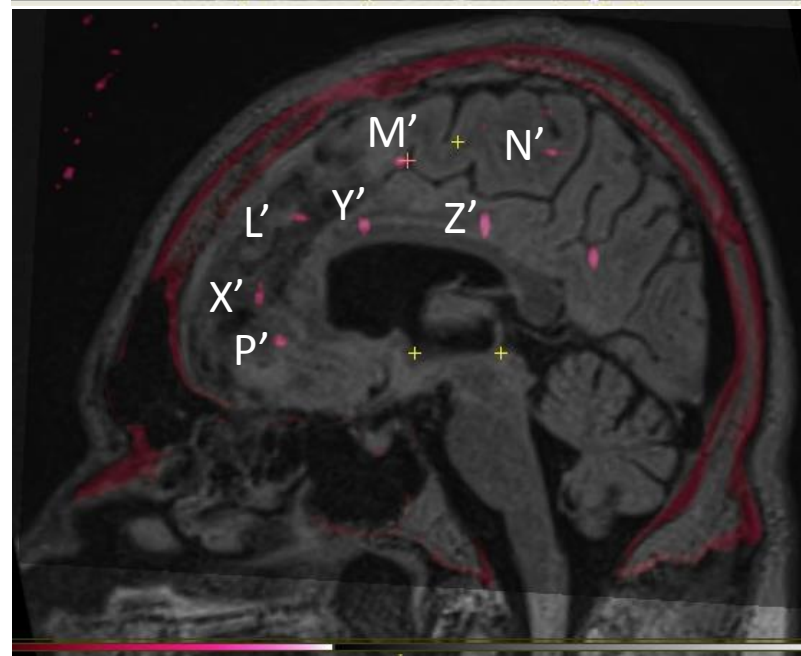
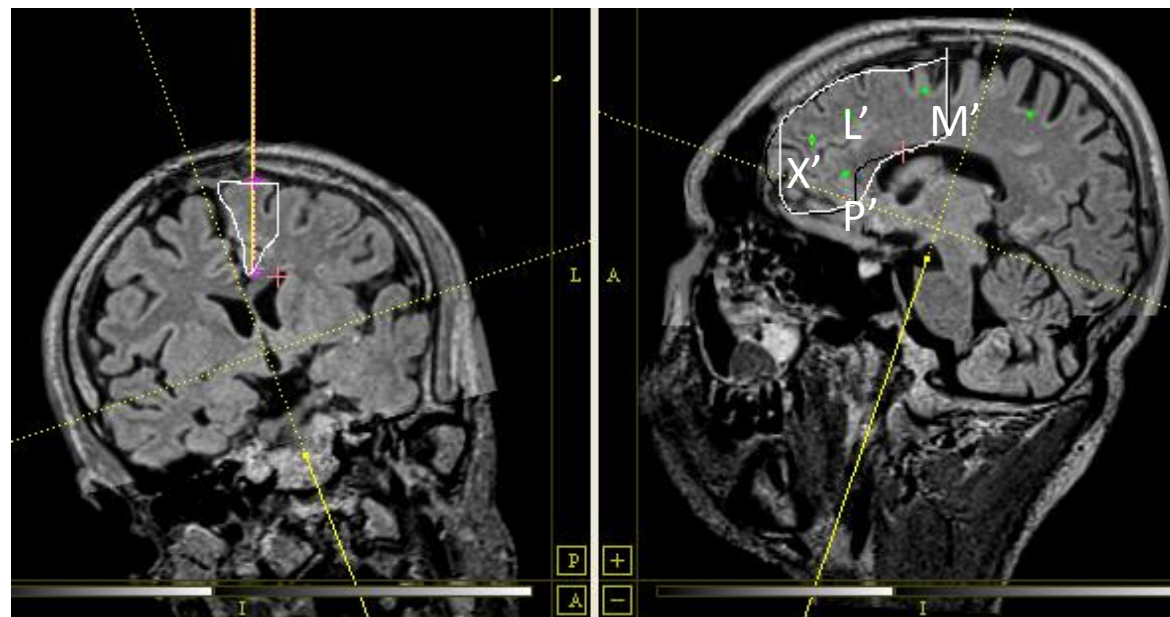
Surgery

Conclusion

Tailored resection



Histopathology:
Focal Cortical Dysplasia Type IB
(ILAE Classification 2011)



Coregistration of postresection MRI
with postimplantation CT scan

Outcome – Engel IA

History

Seizures

Neuropsych

Imaging

Video EEG

Hypothesis

icEEG

Surgery

Conclusion



- 1 year seizure freedom

Postresection Neuropsych:

- Executive dysfunction
- Verbal memory impairment