Epileptic Disorders (www.epilepticdisorders.com) is the official, peer reviewed, educational E-Journal of the International League Against Epilepsy (ILAE: www.ilae.org).

It is primarily directed to physicians (neurologists, child neurologists, neurosurgeons, and neurophysiologists) who manage epilepsy. It also aims to create educational links between epileptologists in clinical practice and scientists or physicians in research-based institutions (in the fields of neuroscience; including neuroimaging, genetics, neurosurgery, neuropsychology, and cognitive neurosciences).

Epileptic Disorders publishes articles related to the clinical management of epilepsy, including all aspects of diagnosis, natural history and treatment.

An original feature of *Epileptic Disorders* is the possibility to publish video sequences, to demonstrate what constitutes the essence of epileptic phenomena and clinical semiology. Supplementary neuroimaging, neuropathology, and video-EEG data of didactic value may also be included and is published alongside the manuscript on the journal website.

MANUSCRIPT TYPES

Seminar in Epileptology

Seminars in Epileptology are educational review articles that specifically address the competencies and learning objectives of the ILAE curriculum. Seminar articles will undergo the usual peer review process. These articles of high didactic value are usually invited reviews, and it is recommended to contact the Editor-in-Chief beforehand.

Manuscripts should include an abstract (maximum 300 words) and limited to no more than 6,000 words and 90 references. References should refer to publications in which findings were initially reported, rather than subsequent publications that describe the same findings. A short list of no more than five references for further reading may be added separately at the end of the manuscript.

On the title page, after the abstract, authors are requested to list the competencies and learning objectives from the ILAE curriculum that are addressed in the article. For each ILAE learning objective, authors are requested to specify 3-5 sub-points to further delineate the learning objectives.

Authors should include two case studies, illustrating the main educational points in the article (up to 300 words each), which should be submitted as separate files.

Authors are requested to add 1-3 infographics, i.e. figures or flowcharts summarising the main messages in the article.

At the end of the manuscript main text, up to 10 key points, summarising the most important aspects in the article, should be added.

Authors are also requested to provide 10 multiple-choice questions with answers relevant to the manuscript.

Review Article

*Review Article*s are expected to reflect *novel findings and state-of-the-art techniques*, targeting an audience of specialists in epileptology with up-to-date references, including seminal publications. Topics should be directly relevant to the understanding, prevention, and treatment of the epilepsies.

Review Articles will undergo the usual peer review process. It is recommended to contact the Editor-in-Chief or one of the Associate Editors before the preparation of a review article. Systematic Reviews and Meta-Analyses must be reported according to the PRISMA statement. Manuscripts can range in length but should not exceed 6,000 words. An abstract should be included (maximum 300 words). References should refer to publications in which findings were initially reported, rather than

subsequent publications that describe the same findings. Reference to (or reproduction of) other review articles on the same topic should be avoided. No more than 70 references should be included. Authors are also requested to provide three short questions with answers relevant to the manuscript for educational purposes.

Original Article

Original Articles are published in all fields related to clinical epileptology. Priority will be given to articles with an added educational value in the field of clinical epileptology.

The abstract should include the following subheadings: Objective, Methods, Results, Significance. The main text of original articles should follow the usual format for scientific articles: abstract (of no more than 300 words), introduction, materials and methods, results, and discussion. The length of articles should not exceed 4,000 words and include a maximum of 50 references. Authors are also requested to provide three short questions with answers relevant to the manuscript for educational purposes.

Electroclinical Reasoning Report

Electroclinical Reasoning Reports are expected to provide the reader with a comprehensive approach for diagnostic or presurgical evaluation and epilepsy surgery strategies. The final diagnosis or therapeutic strategy should appear at the end of the report, following the electroclinical reasoning, rather than provided at the beginning of the manuscript.

Manuscripts should be no more than 3000 words and include an abstract (maximum 250 words), followed by (preferably in order): a structured presentation of clinical semiology and hypotheses regarding epilepsy syndrome or epileptogenic zone(s); justification of the investigations chosen to support the diagnostic hypotheses; presentation of the results and comments on how data contributed (or not) to the therapeutic strategy; an analysis of anatomo-electro-clinical correlations (if applicable), the decision taken in terms of medical or surgical strategy; and results following surgery (if applicable). Authors are encouraged to provide comments, critical remarks, and suggestions for discussion, as well as supplementary video material. Three short questions with answers relevant to the manuscript should also be included for educational purposes.

In addition, readers are also encouraged to submit any relevant comments via the online submission system as a *Letter to the Editor* with reference to the article in question.

Clinical Commentary

Case studies that reflect truly novel findings may be published as *Clinical Commentaries* and should include an abstract (no more than 250 words)The manuscript should be concise and brief; no more than 1,500 words, with one or two figures and no more than 15 references. We strongly encourage including video documentation of the clinical manifestations.

Case Vignette

Case studies of didactic value may be published as *Case Vignettes*. These are brief reports that summarise the essential aspects of a case which provide education value. The report should be presented without an abstract or subheadings. The text should be no more than 700 words and include a maximum of 10 references and one figure or table (supplementary material may also be submitted- see below).

Letter

Epileptic Disorders welcomes critical comments on articles recently published in the journal. Readers are encouraged to submit short commentaries, particularly on articles referring to *Electroclinical Reasoning Reports*. Letters should preferably not exceed one printed page (1,000 words including

references with one table or one figure). At the discretion of the Editor-in-Chief or Associate Editor, the letter may be sent to the author of the article in question and, if possible, may be published in the same issue. The letter may also only be published on line, also at the discretion of the Editor-in-Chief, and in agreement with the author.

Multimedia Teaching Material

Educational slides

Authors are encouraged to provide original images that refer to aspects of neuroimaging, neuropathology, or EEG plates, which provide a strong educational message. A title and short description (of no more than 100 words) should also be provided, including no more than five references. These short presentations will be published on the journal website but may also be published in the journal, at the discretion of the Editor-in-Chief.

Video teaching courses

Video teaching material on semiology of epileptic seizures, electroclinical aspects of epilepsy syndromes, and neurosurgery techniques will be considered for publication on the journal website. The structure should be conceived for educational purposes and the video material must be of high quality. It is recommended to contact the Editor-in-Chief before the preparation of a video teaching course.

Alongside the video material, authors should submit a short text summarising the main message of the video teaching course, as well as titles of the sequences included and corresponding key words (*see below*).

Summary of manuscript types

	Abstract	Main body	References
Seminar in Epileptology	≤300 words	≤6000 words	≤90
Review	≤300 words	≤6000 words	≤70
Original Article	≤300 words with subheadings	≤4000 words	≤50
Electroclinical Reasoning Report	≤250 words	≤3000 words	≤15
Clinical Commentary	≤250 words	≤1500 words	≤15
Case Vignette	-	≤700 words	≤10
Letter	-	≤1000 words	≤10
Multimedia Teaching Material	-	≤100 words	≤5

Supplementary material

In addition to the main figures and tables of the manuscript, authors may also provide supplementary data (in the form of figures, tables or videos) which are published alongside the manuscript on the journal web site (see below for details).

For all submissions:

Authors are asked to provide three (or 10 in the case of *Seminars in Epileptology*) short questions and answers at the end of the manuscript under ***Test Yourself****, as well as* several slides, summarising the main aspects of the manuscript, as a separate Powerpoint file; The *Test Yourself* section and slides will accompany the paper on the journal website.

MANUSCRIPT FORMAT

Title page

All articles must include a title page with the following: the title of the article, a short running title of not more than five words, the authors' names and affiliations, and details of the corresponding author (name, address, and e-mail address). A separate paragraph should state if the work has previously been presented at a meeting, providing details.

Abstract

An abstract must be provided for all types of manuscript, apart from *Case Vignettes*, *Letters* and *Multimedia Teaching Material*. For *Original Articles*, the abstract should include the following subheadings: Objective, Methods, Results, Significance.

Abstracts must be factual, presenting the aims, methods, and results of the work, as well as the conclusions reached. Conclusions in the abstract should be clearly supported by evidence provided in the manuscript, and limits of the study clearly defined.

Abstracts should contain no abbreviations and no references.

Please provide one to six key words, following the abstract

References

References should be limited to essential literature and *refer to publications in which findings were initially reported*, rather than subsequent publications such as review articles that describe the same findings.

References should be cited by superscript number in the text (as well as in figure legends and tables) in order of their occurrence in the text, and listed in numerical order at the end of the manuscript. References should follow a modified Vancouver style format. Refer to PubMed to ensure accurate and complete reference information. In the case of more than six authors, the first six authors should be listed and followed by *et al*. Use PubMed abbreviations for journals in the reference list at the end of the paper (as opposed to journal names being written out in full)

The following are examples:

Journal article

Araki K, Nakamura T, Takeuchi Y, Morozumi S, Horie K, Kobayashi Y, et al. Pharmacological monitoring of antiepileptic drugs in epilepsy patients on haemodialysis. Epileptic Disord. 2020;22:90-102.

Ahead of print

Braga P, Hosny , Kakooza-Mwesige A, Rider F, Tripathi M, Guekht A. How to understand and address the cultural aspects and consequences of the diagnosis of epilepsy, including stigma. Epileptic Disord. 2020 July 3 [Epub ahead of print].

Book

Riva D, Bulgheroni S, Zappella M. Neurobiology, diagnosis and treatment in autism - An update. Montrouge: John Libbey Eurotext; 2013.

Book chapter

Wirrell EC. Outcome of idiopathic generalized epilepsy and the role of EEG discharges. In Arts WF, Arzimanoglou A, Brouwer OF, Camfield C, Camfield P (Eds). Outcome of childhood epilepsies. Montrouge: John Libbey Eurotext, 2013: 149-62.

Manuscripts in which the reference citations do not follow this format will not be accepted for submission.

To facilitate reading, it is recommended to avoid adding more than four reference citations grouped together. References to papers "*in preparation*" or "*submitted*" are not acceptable; if "*in press*", the name of the journal or book should be given. Reference citations should not include "*personal communication*" or other inaccessible information; the information derived from personal communication or from unpublished work should be referred to in the text.

References must be accurate, as automatic links from the reference section of each article to Medline are used for the online version of *Epileptic Disorders*. It is the responsibility of the author to ensure the accuracy of the references in the submitted article.

Style

Numbers below 10 or those used at the beginning of sentences should be written in full.

Terms which are mentioned frequently may be abbreviated following definition after the first use of the term if this does not detract from the reader's comprehension. It is highly recommended to provide a table spelling out the most important abbreviations, particularly when abbreviations for genes or metabolic pathways are frequently used.

Abbreviations such as CNS, EEG, CSF, AED, MRI, need not be written out.

Non-standard abbreviations should be avoided.

Drugs should be referred to using international non-proprietary (generic) names. Tables, figures, and video material should be referred to in the text in italics (e.g. *table 1, figure 1*, *video sequence 1*).

Language

If the manuscript is written by an author whose first language is not English, it is highly recommended that the manuscript is proofread and edited by a native speaker for spelling, grammar, and syntax, prior to submission.

If the English of a submitted manuscript is considered to be of insufficient quality by the Editor-in-Chief or Associate Editors, the manuscript will be rejected prior to any further review.

If you wish to consider using the services of an English-language editing company, you may wish to contact *BioEnglish* editing services (www.bio-english.com) who prepare many of the manuscripts for *Epileptic Disorders*. Please be aware that the use of a language editing service is managed exclusively between the author and a particular company, and any costs incurred are the sole responsibility of the author.

Figures and tables

For maximum quality, *figures and graphs should be submitted as separate files* using a Windows compatible format (jpg, eps, gif, or tiff). Figures of EEG recordings and imaging should have a resolution of 300 dpi. At the Publisher's discretion, colour illustrations will be reproduced at a cost to the author; an estimate will be given on an individual basis on request.

Videos or photographs of recognisable patients must be accompanied by a letter from the corresponding author stating that signed consent forms authorising publication have been obtained for all identifiable patients. *It is the authors' responsibility to ensure that all patients have given informed consent***.** In the event that some illustrations are owned by third parties, it is the responsibility of the author to obtain the necessary permissions in order to include such illustrations and the distribution thereof in this form.

All figures and graphs MUST be submitted as separate files.

Tables must be included into the main text file.

Videos

Video material may be included as part of a manuscript or supplementary material, providing that it contributes to the diffusion of *truly new information and original material*, which is useful to the clinician in everyday practice.

Video material of patients should be brief; approximately three minutes per patient. The video should be of a high quality and illustrate the important points described in the manuscript. Whenever possible, it is recommended to insert short explanatory legends immediately preceding video sequences or insert voiceover. When a patient is presented speaking a language other than English, the authors should provide either a translation or, preferably, insert subtitles on the video sequence(s). The Editor-in-Chief and Associate Editors reserve the right to request additional video editing by the authors or for the journal to edit the video material prior to publication, including insertion of voiceover.

Each video sequence *must be accompanied by a legend* in the manuscript. The legend is expected to provide a short description of what is illustrated (semiology and/or EEG abnormalities, *etc*.).

When video material is submitted, **a video legend and key words must be provided** at the end of manuscript.
Key words: The inclusion of key words facilitates the search of videos available on the *Epileptic Disorders* website. Key words should be relevant to the video sequence(s) and must be chosen from the lists available on the manuscript submission platform (click here to access the list). Authors can suggest key words that are not on the list but it remains at the discretion of the Editor-in-Chief to accept them for inclusion in the list. Our policy is to keep the list of key words to a minimum. The following key words should be allocated:

Syndrome: one key word;
Aetiology: one key word;
Phenomenology: one to 3 key words (or choose NOT APPLICABLE);
Localization: one to 3 key words (or choose NOT APPLICABLE).

The preferable size of video files is <20Kb.

Video sequences are submitted in an electronic format. The preferred standard is PAL and material should be sent in a QUICK-TIME® compatible format (Macintosh or PC).

In order to digitalise video material from analogue sources, note that the following parameters should be used: PAL FULL SCEEN (768 x 576, PAL one quarter screen: 384 x 288, Image rate: 25/sec) and NTSC FULL SCEEN (640 x 480, NTSC one quarter screen: 320 x 240, Image rate: 29.97/sec).

Ethical considerations

It is the author's responsibility to ensure that any experimental investigations on human subjects have been performed following their informed consent and with the approval of the relevant ethics committee(s).

It is the author's responsibility to ensure that all patients or other subjects included on video or other photographic media have given informed consent, allowing publication of the material, with the understanding that it will not be used for any other purposes than medical publication.

US Federal Privacy rules prohibit sending signed consent forms to the Editor-in-Chief without permission of the patient to do so.

Videos or photographs of recognisable patients must be accompanied by a letter from the corresponding author stating that signed consent forms authorising publication have been obtained for all identifiable patients. If video of deceased patients is to be shown, written permission is

necessary from the next of kin. Written parental consent is required for all material of persons under the age of 18 years.

It is the authors' responsibility to obtain any other consent and permission which may be required by the institution in which the recordings were made and to comply with any other local regulations concerning the release of patient material for publication.

ONLINE SUBMISSION

Manuscripts (including all figures, tables, and graphics) are submitted and reviewed exclusively online via the journal's website at: http://www.epilepticdisorders.com.

The manuscript should be provided as a Word file, and tables and figures as Jpeg, tif, PowerPoint, Excel, *etc*., and videos as wmv, mpeg4, *etc*. Figures should be submitted as separate files, and referred to as Figure 1, etc.

Cover letter

A cover letter must accompany the online submission. The cover letter should be considered by the author as a means of direct communication with the Editor-in-Chief. It should be short, avoid repetition of the abstract, and outline the main message, originality, and educational value of the manuscript.

Names of all authors must figure in the letter. The authors must acknowledge in their cover letter that they all agree with the submitted version of the manuscript and that the work is not simultaneously under consideration by any other journal. It is understood that the material has not been previously published. If previously published in an abstract form, this should be stated and referenced in the cover letter.

Peer review process

All submissions, including submissions for supplements, will be peer reviewed. Every effort will be made to keep the delay for decision to no more than eight weeks.

The Editors may directly reject a submitted manuscript when the findings reported are not novel, the topic treated does not correspond to the missions and profile of the journal, or when the language of the manuscript is not of sufficient quality.

Copyright

All published material will be the copyright of *Epileptic Disorders*. A signed copyright transfer agreement is not required; by ticking the relevant box upon submission, the corresponding author confirms that all authors agree to the terms and conditions concerning the transfer of copyright, as stipulated in the transfer of copyright agreement for Epileptic Disorders.

Proofs

Proofs of the manuscript will only be sent following acceptance. Please note that the manuscript may have been modified for spelling, grammar or syntax and should be checked thoroughly by the authors. The (corrected) proofs should be returned within a week by email. The order form for reprints will be included with the proofs.

Disclosure Form

The authors should specify any disclosures at the end of the manuscript, outlining any financial support or conflict of interest.

Open access

Open access is available for all articles published in *Epileptic Disorders,* at an extra charge of 900 €.

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ESSENTIAL CHECK LIST FOR SUBMISSION

(1) Prepare your manuscript carefully, respecting the format specified (*e.g*. abstract, numbered references, *etc*).

(2) All figures should be clearly labelled and uploaded as single files.

(3) Key words must be provided for video material (from the list available).

(4) Provide any other required consent or permission regarding the publication of patient data (see above).

(5) Include three (or 10 in the case of *Seminars in Epileptology*) short questions and answers at the end of the manuscript.

(6) Provide several slides, summarising the main aspects of the manuscript, as a separate Powerpoint file.

Manuscripts that do not comply with the above will not be accepted for submission.

For any further information regarding submission, please contact:

The Editorial Office at: epileptic.disorders@gmail.com

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SYNDROME (1 key word/video)

AUTOSOMAL-DOMINANT EPILEPSY WITH AUDITORY FEATURES (ADEAF)
AUTOSOMAL-DOMINANT NOCTURNAL FRONTAL LOBE EPILEPSY (ADNFLE)
BENIGN FAMILIAL INFANTILE EPILEPSY
BENIGN FAMILIAL NEONATAL EPILEPSY (BFNE)
BENIGN INFANTILE EPILEPSY
CHILDHOOD ABSENCE EPILEPSY (CAE)
DRAVET SYNDROME
EARLY MYOCLONIC ENCEPHALOPATHY
EPILEPSY NOT CLASSIFIED
EPILEPSIA PARTIALIS CONTINUA
EPILEPSY OF INFANCY WITH MIGRATING FOCAL SEIZURES
EPILEPSY WITH GENERALIZED TONIC-CLONIC SEIZURES ALONE
EPILEPSY WITH MYOCLONIC ABSENCES
EPILEPSY WITH MYOCLONIC ASTATIC (ATONIC) SEIZURES
EPILEPTIC ENCEPHALOPATHY NOT OTHERWISE CLASSIFIED
EPILEPTIC ENCEPHALOPATHY WITH CONTINUOUS SPIKE-AND-WAVE DURING SLEEP (CSWSS)
FEBRILE SEIZURES
FEBRILE SEIZURES PLUS
FOCAL NON-IDIOPATHIC (LOCALIZATION NOT SPECIFIED)
FOCAL NON-IDIOPATHIC FRONTAL (FLE)
FOCAL NON-IDIOPATHIC MESIOTEMPORAL (MTLE WITH OR WITHOUT HS)
FOCAL NON-IDIOPATHIC OCCIPITAL
FOCAL NON-IDIOPATHIC PARIETAL
FOCAL NON-IDIOPATHIC TEMPORAL (TLE)
GELASTIC SEIZURES WITH HYPOTHALAMIC HAMARTOMA
HEMICONVULSION-HEMIPLEGIA-EPILEPSY (HHE)
HYPOTHALAMIC HAMARTOMA RELATED SEIZURES
IDIOPATHIC GENERALIZED NOT SPECIFIED
IDIOPATHIC GENERALIZED OTHER
JEAVONS SYNDROME
JUVENILE ABSENCE EPILEPSY (JAE)
JUVENILE MYOCLONIC EPILEPSY (JME)
LANDAU-KLEFFNER SYNDROME (LKS)
LATE ONSET CHILDHOOD OCCIPITAL EPILEPSY (GASTAUT TYPE)
LENNOX-GASTAUT SYNDROME
MYOCLONIC ENCEPHALOPATHY IN NONPROGRESSIVE DISORDERS
MYOCLONIC EPILEPSY IN INFANCY
NEONATAL SEIZURES
NON EPILEPTIC PAROXYSMAL DISORDER
NOT APPLICABLE
OHTAHARA SYNDROME
PANAYIOTOPOULOS SYNDROME
PERIORAL MYOCLONIA WITH ABSENCES
PHOTOSENSITIVE EPILEPSY
PROGRESSIVE MYOCLONIC EPILEPSIES (PME)
RASMUSSEN SYNDROME
REFLEX EPILEPSY
ROLANDIC EPILEPSY (BECTS)
UNKNOWN
WEST SYNDROME

ETIOLOGY (1 key word/video)

AED AGGRAVATION	INBORN METABOLISM ERROR (AMINOACIDS)
AICARDI SYNDROME	INBORN METABOLISM ERROR (ORGANIC ACIDS)
AICARDI-GOUTIERES	INCONTINENTIA PIGMENTI
ALCOHOL	INFARCT (CEREBRAL)
ALPERS DISEASE	INFECTION (BRAIN)
ALTERNATING HEMIPLEGIA	INFECTION (FETAL, CMV)
ANGELMAN SYNDROME	INFECTION (PERINATAL)
AUTISME	INFECTION (PRENATAL)
BEHAVIOURAL AND PERSONALITY DISORDERS	ITO DISEASE
BILIRUBIN ENCEPHALOPATHY	KCNQ2 MUTATION
BIOTINIDASE DEFICIENCY	LAFORA DISEASE
BRAIN MALFORMATION (NOT SPECIFIED)	LEIGH DISEASE
CARBOHYDRATE-DEFICIENT GLYCOPROTEIN	LESION (UNKNOWN NATURE)
CEROID-LIPOFUSCINOSIS	LIMBIC ENCEPHALITIS
CHROMOSOMAL (NOT SPECIFIED)	LINEAR NAEVUS SYNDROME
CONGENITAL MUSCULAR DYSTROPHY	LISSENCEPHALY
CONGENITAL PERISYLVIAN SYNDROME	MELAS
DEGENERATIVE DISEASE (UNKNOWN CAUSE)	MENKES DISEASE
DENTATO-RUBRAL-PALLIDOLUYSIAN DEGENERATION	MERRF
DOWN SYNDROME	METABOLIC DISORDER (NOT SPECIFIED)
DYSEMBRYOPLASTIC NEUROEPITHELIAL TUMOR	MITOCHONDRIAL DISORDER
DYSPLASIA (ARCHITECTURAL)	NEUROCUTANEOUS SYNDROME (NOT SPECIFIED)
DYSPLASIA (CYTOARCHITECTURAL)	NEUROFIBROMATOSIS
DYSPLASIA (TAYLOR-TYPE)	NON EPILEPTIC PAROXYSMAL DISORDER
ENCEPHALITIS	NONKETOTIC HYPERGLYCINAEMIA
ENCEPHALITIS (ANTI-NMDA RECEPTOR)	NOT APPLICABLE
FEBRILE PROLONGED CONVULSION	PACHYGYRIA
FOCAL CORTICAL DYSPLASIA (TYPE I)	PARASITIC BRAIN LESION
FOCAL CORTICAL DYSPLASIA (TYPE II)	PERINATAL EVENT (SEQUELAE)
FOLATE DEFICIENCY (CEREBRAL)	PHENYLKETONURIA
FRAGILE X SYNDROME	POLYMICROGYRIA (BILATERAL PARASAGITTAL)
GANGLIOGANGLIOMA	POLYMICROGYRIA (BILATERAL PERISYLVIAN)
GAUCHER DISEASE	POLYMICROGYRIA (DIFFUSE UNILATERAL)
GENETIC DISORDER	POLYMICROGYRIA (FOCAL)
GENETIC PREDISPOSITION	PORENCEPHALY
GLIOSIS	PROGRESSIVE MYOCLONIC EPILEPSY (NOT SPECIFIED)
GLUT-1 DEFICIENCY	PROLONGED CONVULSIVE EPISODE
GLYCINE ENCEPHALOPATHY	PYRIDOXINE DEPENDENCY
HAEMORRHAGE (CEREBRAL)	RASMUSSEN ENCEPHALITIS
HAMARTOMA (CEREBELLAR)	RETT SYNDROME
HAMARTOMA (HYPOTHALAMIC)	RING CHROMOSOME 20
HAMARTOMA (NOT SPECIFIED)	SANDIFER SYNDROME
HASHIMOTO'S THYROPDITIS	SCHIZENCEPHALY
HEAD TRAUMA	SLEEP DEPRIVATION
HEMIMEGALENCEPHALY	STURGE-WEBER
HETEROTOPIA (FOCAL)	SYNCOPE (CARDIAC)
HETEROTOPIA (SUBCORTICAL BAND)	SYNCOPE (VAGAL)
HETEROTOPIAS (DIFFUSE)	TOXICS ABUSE
HETEROTOPIAS (NODULAR PERIVENTRICULAR)	TUBEROUS SCLEROSIS
HHH SYNDROME (HYPERORNITHINAEMIA-HYPERAMMONAEMIA-HOMOCITRULLINAEMIA)	TUMOR (BRAIN)
HIPPOCAMPAL SCLEROSIS OR ATROPHY	UNKNOWN
HOLOPROSENCEPHALY	UNVERRICHT-LUNDBORG DISEASE
HYPEREKPLEXIA	VARIABLE
HYPOCALCEMIA	VASCULAR MALFORMATION
HYPOGLYCEMIA	VENOUS THROMBOSIS
HYPONATREMIA	VITAMIN B12 DEFICIENCY
HYPOXIA (POSTNATAL)	VNS
HYPOXIC-ISCHEMIC ENCEPHALOPATHY	WITHDRAWAL SEIZURES (TOXIC)
IDIOPATHIC	X-LINKED INANTILE SPASMS
IMMUNE DISORDER	

PHENOMENOLOGY (up to 3 words/video or "NOT APPLICABLE")

ABSENCE (DIALEPTIC) SEIZURE	HEAD DEVIATION
ABSENCE SEIZURE (TYPICAL)	HEADACHE
AGITATION	HICCUP
AKINETIC SEIZURE	HYPERMOTOR
ANOXIC SEIZURE	HYPERMOTOR SEIZURE
APHASIA (POSTICTAL)	HYPERVENTILATION
APHASIC SEIZURE	HYPOMOTOR SEIZURE
APNOEA	KISSING (ICTAL)
ASTATIC SEIZURE	LANGUAGE IMPAIRMENT
ATONIC SEIZURE (DROP ATTACK)	LEFT
AURA (ABDOMINAL)	MOTOR SEIZURE (COMPLEX)
AURA (AUDITORY)	MOTOR SEIZURE (SIMPLE)
AURA (AUTONOMIC)	MYDRIASIS
AURA (GUSTATORY)	MYOCLONIC ATONIC SEIZURE
AURA (OLFACTORY)	MYOCLONIC TONIC
AURA (PSYCHIC)	MYOCLONIC SEIZURE
AURA (SOMATOMOTOR)	MYOCLONIC (EYELIDS)
AURA (VISUAL)	MYOCLONUS (NEGATIVE)
AUTOMATISMS	MYOCLONUS (NON-EPILEPTIC)
AUTOMOTOR (DISTAL, MOUTH OR TONGUE) SEIZURE	NEONATAL SEIZURE
AUTOMOTOR SEIZURE	NOCTURNAL SEIZURE
AUTONOMIC SEIZURE	NONEPILEPTIC PAROXYSMAL EVENT
AUTONOMIC SYMPTOMS	NOSEWIPING
AXIAL	NYSTAGMUS
BEHAVIOR (ALTERED)	OCULOCLONIC SEIZURES
BEHAVIOR (ALTERED)	PANIC ATTACK
BILATERAL ASYMMETRIC	PARADOXICAL VERSION
BILATERAL SYMMETRIC	PHOTOSENSITIVE
BLINKING (UNILATERAL ICTAL)	PILOMOTOR SEIZURE
BRADYCARDIA	POSTICAL SIGNS
CATATONIA	REFLEX SEIZURES
CLONIC (NON EPILEPTIC)	RETCHING (ICTAL)
CLONIC SEIZURE	RIGHT
CONSCIOUSNESS (ALTERATION)	SHUDDERING
CONSCIOUSNESS (LOSS)	SIDE-TO-SIDE AXIAL MOVEMENT
COUGH SYNCOPE	SINGING
COUPHING	SLEEP MYOCLONUS
CRYING	SPASM (EPILEPTIC)
DACRYSTIC SEIZURE	STARING
DANCING	STARTLE RESPONSE
DIZZINESS	STATUS EPILEPTICUS (CONVULSIVE)
DROP ATTACKS	STATUS EPILEPTICUS (NON CONVULSIVE)
DYSKINESIAS (NON EPILEPTIC)	STRIDOR
DYSPRAXIA	STUTTERING
DYSTONIA (ICTAL)	SUBCLINICAL SEIZURE
EAR PLUGGING	SURGICAL TECHNIQUE
EEG ICTAL DISCHARGE (INFRACLINICAL)	SWEARING (ICTAL)
EPILEPTIC NYSTAGMUS	TICS
ERUCTATION	TODD'S PARALYSIS
EYE DEVIATION	TONIC POSTURE
FACE	TONIC SEIZURE
FEAR	TONIC-CLONIC SEIZURE
FOCAL SEIZURE NOT OTHERWISE SPECIFIED	URINARY URGE (ICTAL)
GELASTIC SEIZURE	VERSIVE SEIZURE
GENERALIZED	VERSIVE SEIZURE (CONTRALATERAL)
GENITAL AUTOMATISMS	VERSIVE SEIZURE (IPSILATERAL)
HALLUCINATIONS (AUDITORY)	VOMITING (ICTAL)
HALLUCINATIONS (VISUAL)	

LOCALIZATION (up to 3 words/video or "NOT APPLICABLE")

CENTRAL (BILATERAL)
CENTRAL (LEFT)
CENTRAL (RIGHT)
CENTRAL MOTOR
CENTRAL SENSORY
CINGULATE GYRUS
FRONTAL EYE FIELD
FRONTAL LOBE (BILATERAL)
FRONTAL LOBE (LEFT)
FRONTAL LOBE (RIGHT)
FRONTAL PREFRONTAL LATERAL
FRONTAL PREFRONTAL MESIAL
FRONTAL PREFRONTAL MESIOLATERAL
FRONTAL PREMOTOR LATERAL
FRONTAL PREMOTOR MESIAL
FRONTAL PREMOTOR MESIOLATERAL
GENERALIZED
HEMISPHERIC
HYPOTHALAMUS
INSULA
INSULA (LEFT)
INSULA (RIGHT)
MIDLINE LESION
MULTIFOCAL
MULTILOBAR EXCLUDING TEMPORAL
MULTILOBAR INCLUDING TEMPORAL
NON-DOMINANT HEMISPHERE
NOT APPLICABLE
OPERCULUM (LEFT)
ORBITOFRONTAL
POSTERIOR CORTEX (BILATERAL)
POSTERIOR CORTEX (LEFT)
POSTERIOR CORTEX (RIGHT)
POSTERIOR CORTEX OCCIPITAL
POSTERIOR CORTEX PARIETAL
SUPPLEMENTARY MOTOR AREA
TEMPORAL LATERAL
TEMPORAL LOBE (BILATERAL)
TEMPORAL LOBE (LEFT)
TEMPORAL LOBE (RIGHT)
TEMPORAL MESIAL
TEMPORAL MESIOLATERAL
UNKNOWN