

Current Trends in Epilepsy Seminar
Thursday, September 16, 1993 LaCrosse, WI
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Because of the multitude of information provided in the seminar, the following outline is provided as a very concise synopsis of three major points in the material discussed in the first presentation only. A more detailed report can be developed upon request.

from: An Update of Epilepsy: Definition, Causes, Seizure Recognition and Classification of Epileptic Seizures by Dr. Michael W. Risinger, M.D., Neurologist, Minnesota Comprehensive Epilepsy Program (MINCEP)

I) International Classification of Seizures

A) Partial (focal, local) seizures

- 1) simple partial
 - a) does not induce impairment or loss of memory
- 2) complex partial
 - a) localized in one hemisphere of the brain
 - b) consciousness or memory impaired in some way
 - c) automotistic
- 3) partial seizures evolving to secondary generalized seizure
 - a) not all convulsions are generalized
 - b) it depends on how and where in the brain the seizure begins

B) Generalized seizures

- 1) absence
 - a) seeming absent
 - b) incredibly brief/quick recovery
 - c) most occur during childhood
- 2) myoclonic
 - a) brief, generalized sudden jerk
 - b) less than one second
 - c) unmeasurable loss of consciousness
- 3) clonic
 - a) just jerking motions, rare
- 4) tonic
 - a) stiffening, common
- 5) tonic-clonic
 - a) i.e. Grand Mal convulsion
- 6) atonic
 - a) sudden and complete loss of body tone
 - b) controversial due to difficulty recording seizure activity

II) Definitions

- A) Seizure: paroxysmal episode of neurologic dysfunction caused by excessive electrical discharge of CNS (central nervous system) neurons
- B) Epilepsy: syndrome of recurrent seizures

III) Description of a typical attack:

- A) What is the clinical semiology of the typical attack?
- 1) Is there a warning? (aura)
 - 2) What is the evolutionary pattern of the typical attack?
 - 3) What is the patient like after the typical attack?