

Video EEG Delineates the Rarely Identified Clinical Features of Truncal Status Epilepticus

Peter Tatum¹, Ritu Bagla², Joel Oster^{1*}

¹Department of Neurology, Tufts Medical Center/Tufts University, USA

²Department of Neurology, Beth Israel Lahey Health, USA

Citation: Peter Tatum, Ritu Bagla, Joel Oster. Video EEG Delineates the Rarely Identified Clinical Features of Truncal Status Epilepticus. *Int Clin Med Case Rep Jour*. 2022;1(6):1-2.

Received Date: 27 September, 2022; **Accepted Date:** 30 September, 2022; **Published Date:** 02 October, 2022

***Corresponding author:** Joel Oster. Department of Neurology, Tufts Medical Center/Tufts University, USA

Copyright: © Joel Oster, Open Access 2022. This article, published in *Int Clin Med Case Rep Jour (ICMCJR)* (Attribution 4.0 International), as described by <http://creativecommons.org/licenses/by/4.0/>.

ABSTRACT

This video-report identifies the rarely documented clinical features of a patient with sustained truncal status epilepticus. The video is submitted with the patient's permission.

This case denotes a rare case of truncal status epilepticus associated with a cavernoma that approximates the right motor strip. Although cases of truncal seizures are rare, this case highlights a case of focal truncal status epilepticus with an attached color video delineating the semiology of such.

Keywords: Truncal status epilepticus; Video EEG; Neuroimaging

REPORT

This report describes a 50-year old patient with a central lesion consistent with a cavernoma who experienced prominent truncal movements that persisted continually or recurred for prolonged periods. Video EEG LTM identified central onset seizures at C4 with regional spread and persistence of focal dysrhythmic activity that correlated with clinical movement of the abdomen consistent with focal status epilepticus although the patient remained alert and responsive prior to periods of secondary generalization, see video and Neuroimaging figure.

Phenytoin with addition of leviteracetam aborted the status epilepticus.

Truncal seizures are rare and representative references regarding this topic are attached.^[1,2]

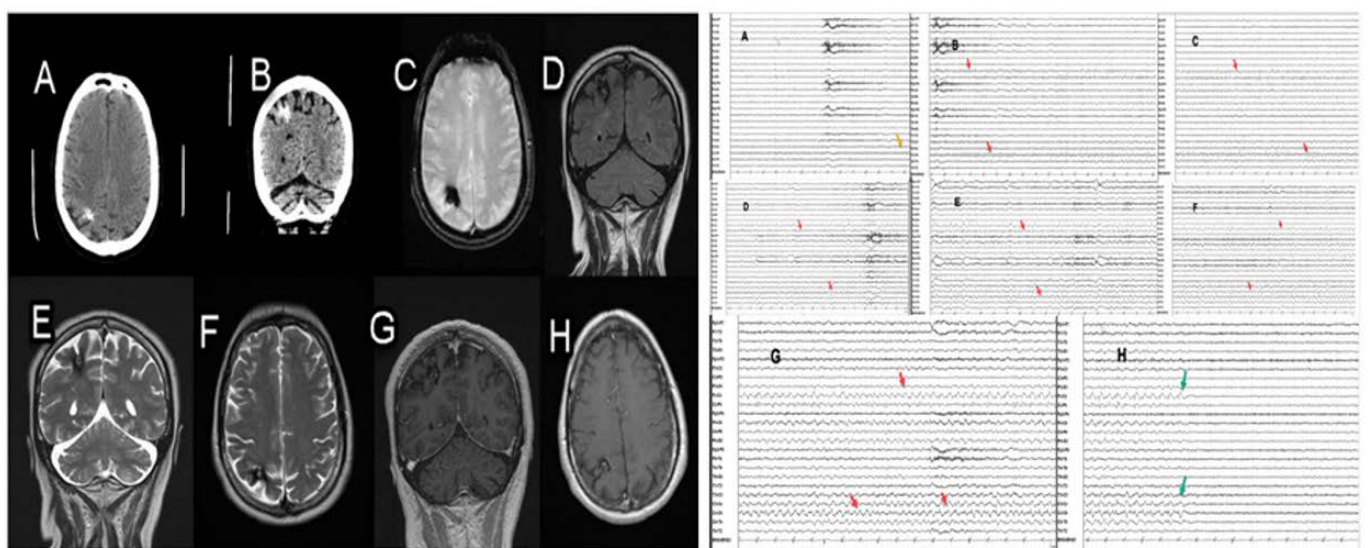


Figure: A and B: Axial and Coronal CT imaging. C: Axial gradient echo MRI identifying blood products D : Coronal Flair MRI. E and F: Coronal and Axial T2 MRI. G and H : Coronal and Axial T1 MRI with gadolinium. The imaging series denotes a “pop corn” appearing lesion in the vicinity of the right motor strip with surrounding blood products consistent with a probable cavernoma. A and B panels were obtained approximately 3 years prior to the other panels. EEG identified rhythmic volleys and trains of epileptiform discharges in the vicinity of the noted lesion at C4 with regional spread with concomitant left truncal muscular movements and preserved awareness which were sustained but secondarily generalization occurred on occasion progressing to generalized tonic clonic seizures. Yellow arrows show the onset, Green onset termination of such activity, and Red arrows show various waxing/waning volleys of discharge examples that would recur.



[Video Link](#)

REFERENCES

1. Lizarraga KJ, Serrano EA, Tornos L, Kanner AM, Lang AE. Isolated Abdominal Motor Seizures of Mesial Parietal Origin: Epileptic Belly Dancing?. *Mov Disord Clin Pract*. 2019;6(5):396-399.
2. Oster JM, Aljumairi F, Cosgrove GR. Metabolic imaging correlate of truncal onset seizures. *Arch Neurol*. 2011;68(2):251-253.