

The art of: Fits, faints and funny turns

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Disclosures

North of England Acute Neurology Update

None

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North of England Acute Neurology Update

Clinical assessment

Differentials

• Examples with videos

Take home messages



Clinical assessment



History

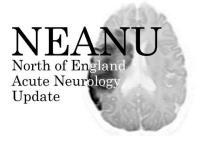
History

History

• An accurate description of the event is the single most important tool



History



- Before
 - Aura, automatisms, vacant stare, cry
- During
 - Eyes open/closed, head deviation, colour change, motor activity
- After
 - Alertness, recall, incontinence, tongue biting
- Prior history of unexplained blackouts or vacant episodes
- Risk factors for seizures



Clinical assessment



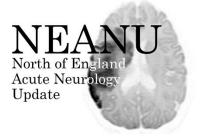
General examination

- Neurological examination
 - Alertness
 - Focal deficit
 - Reflexes
 - Plantars

• ECG, blood glucose, FBC, U&E, LFT, Mg, Ca







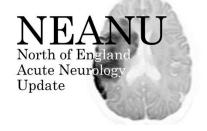
• "a routine inter-ictal EEG is one of the most abused investigations in clinical medicine and is unquestionably responsible for great human suffering" - Chadwick D. Diagnosis of epilepsy. Lancet. 1990;336:291–5

Not to be used to diagnose a seizure

Useful to classify epilepsy syndromes

Ictal EEG useful for distinguishing between epileptic and non-epileptic





Inter-ictal ECG

 "a routine inter-ictal ECG is one of the most abused investigations in clinical medicine and is unquestionably responsible for great human suffering"

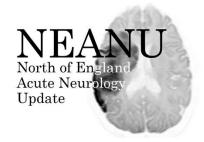


Imaging

Useful for focal onset seizures

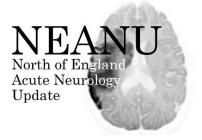
CT in the acute setting

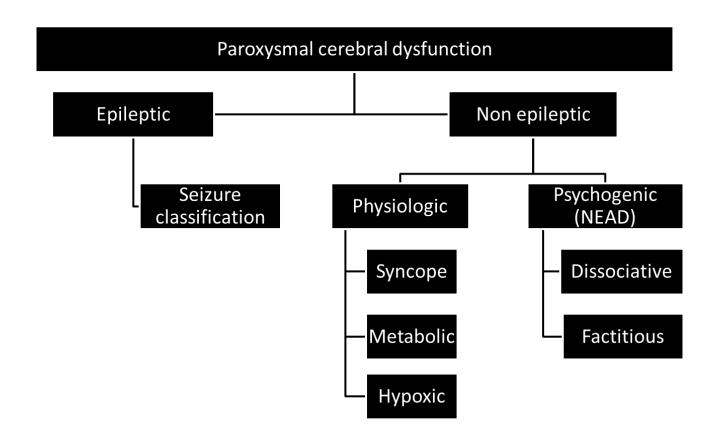
• MRI as an outpatient





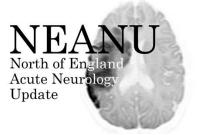
Differentials





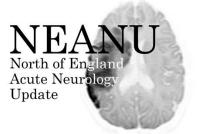


Examples

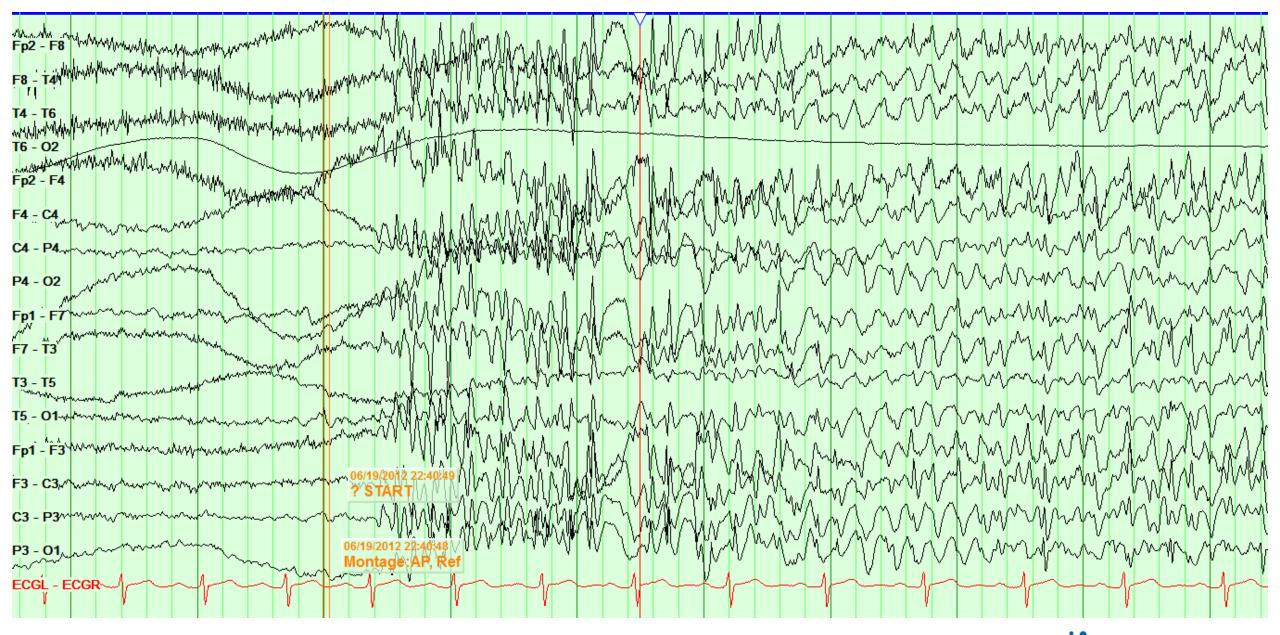




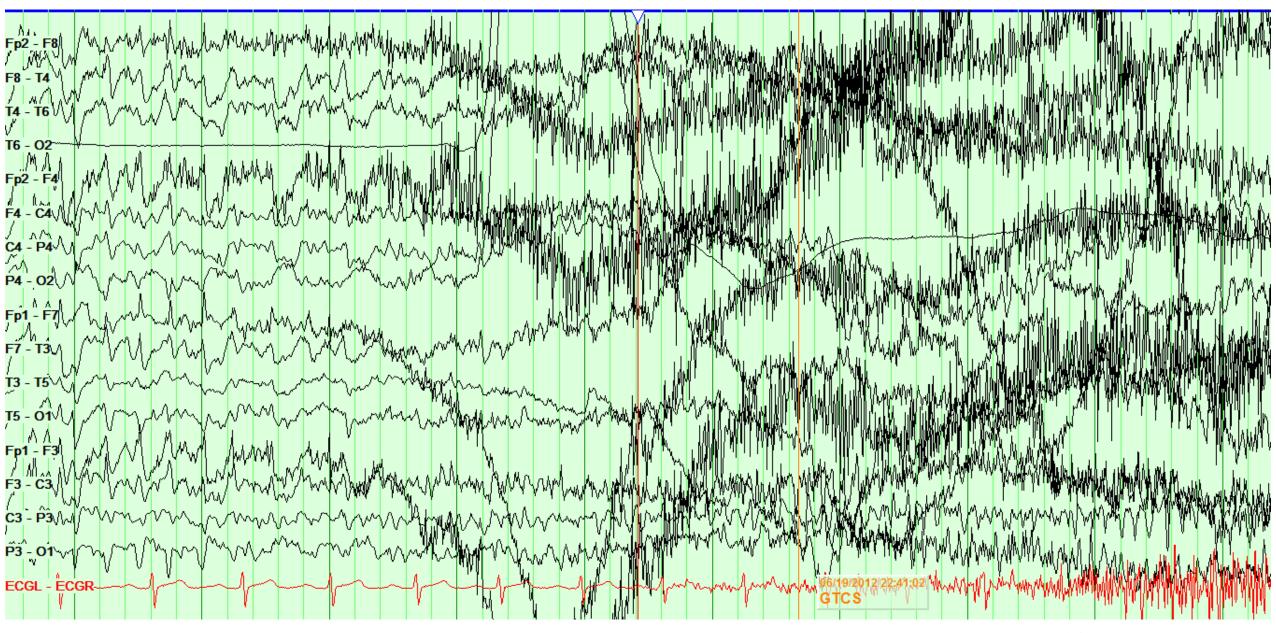
Epileptic seizure



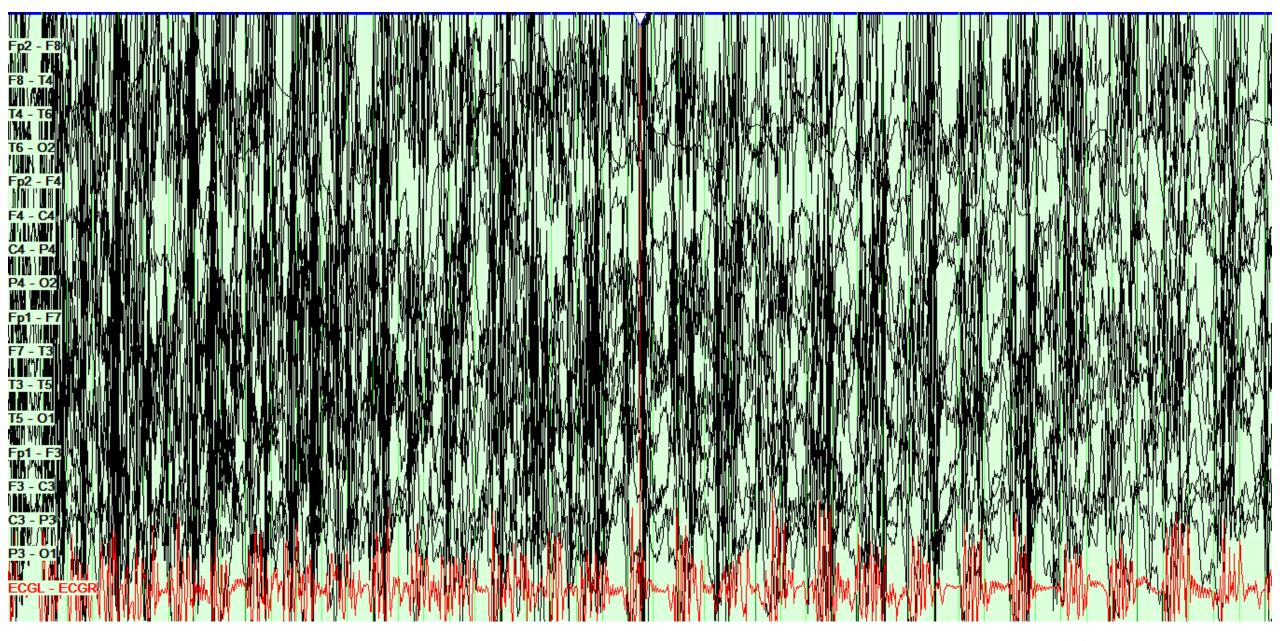




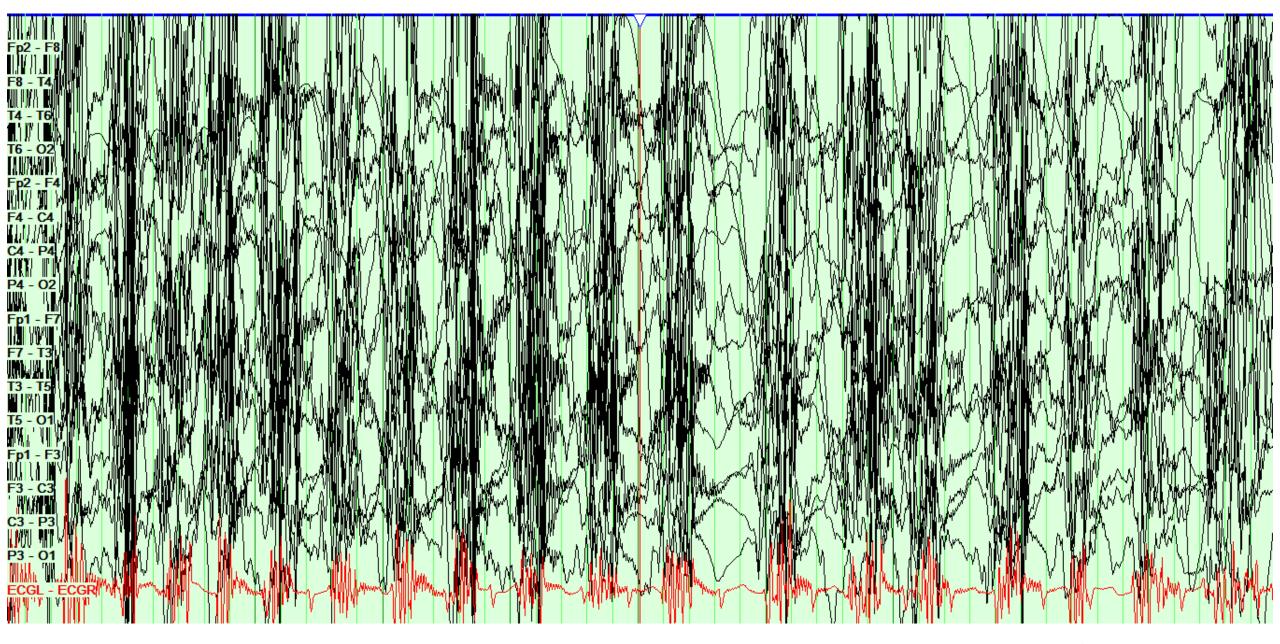




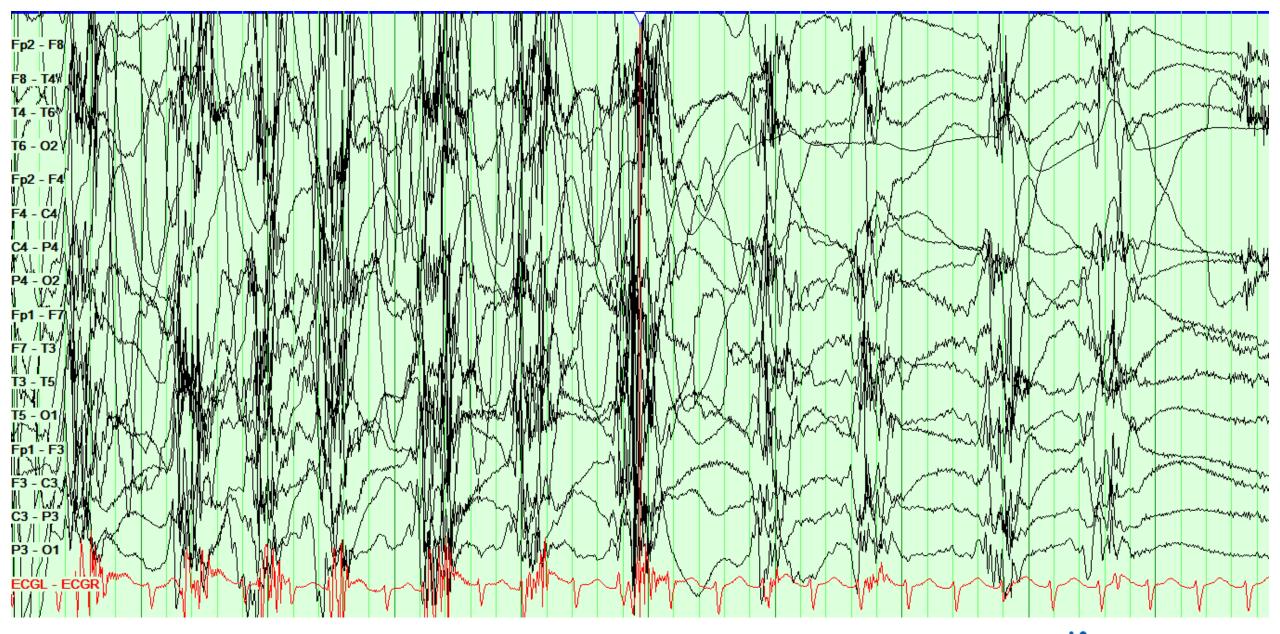




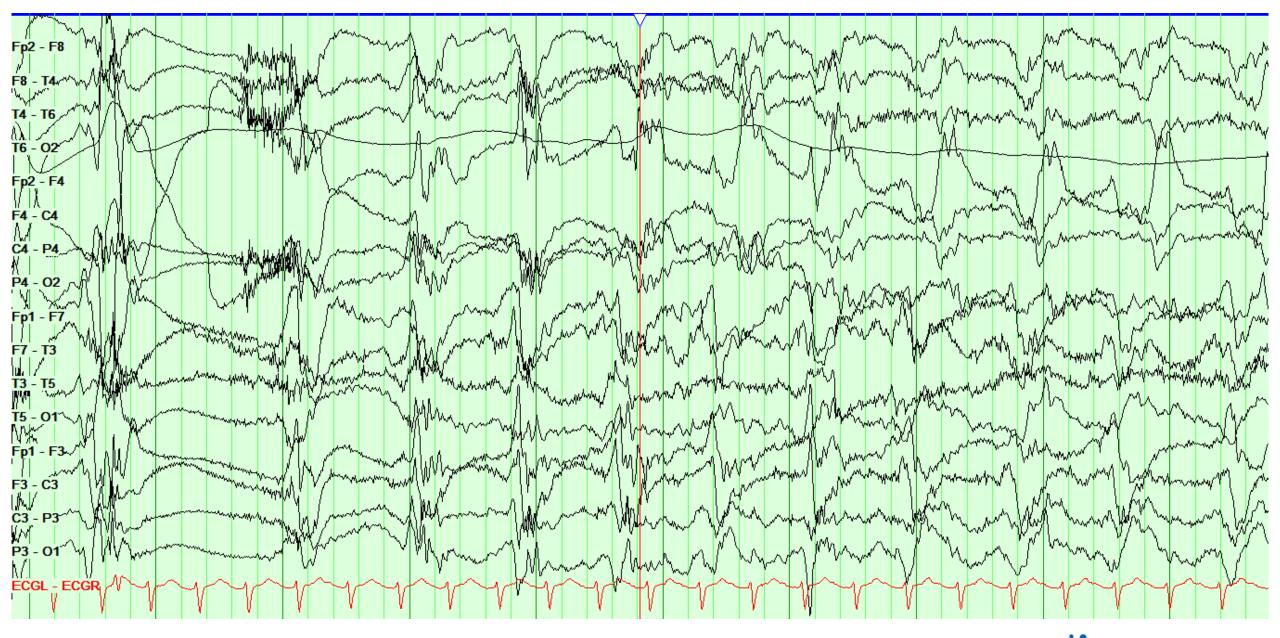










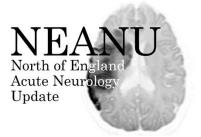




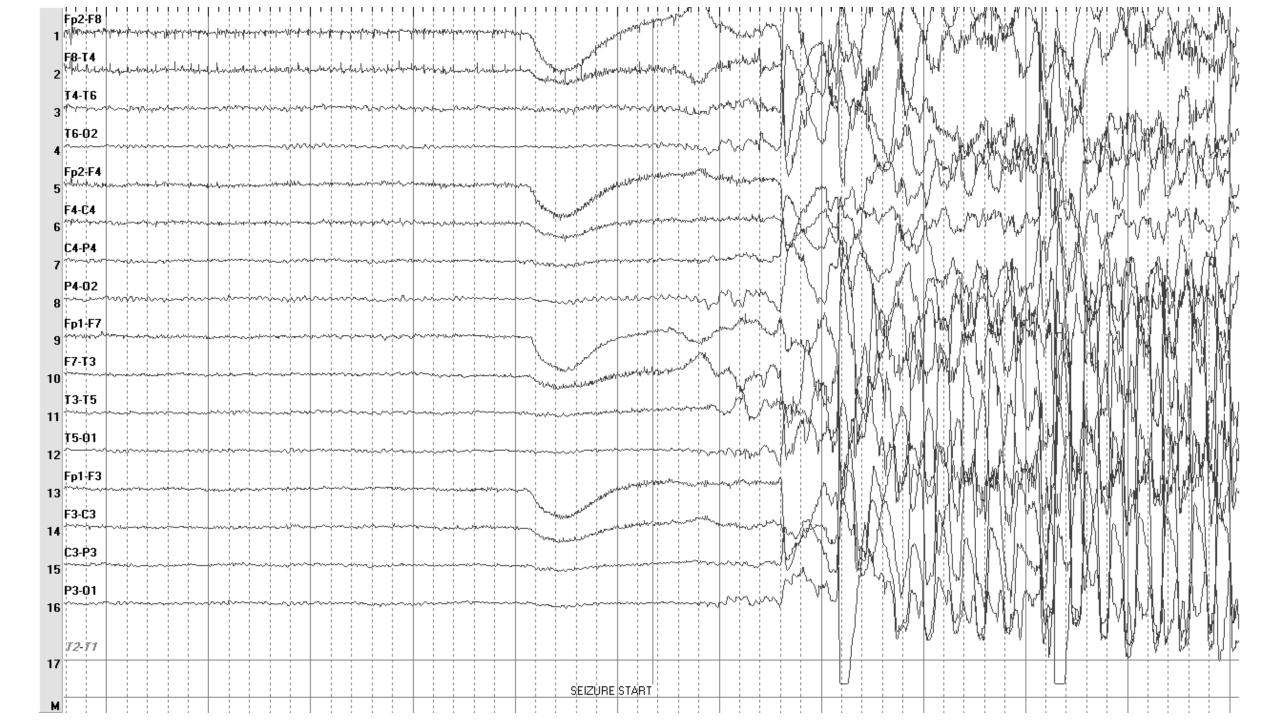


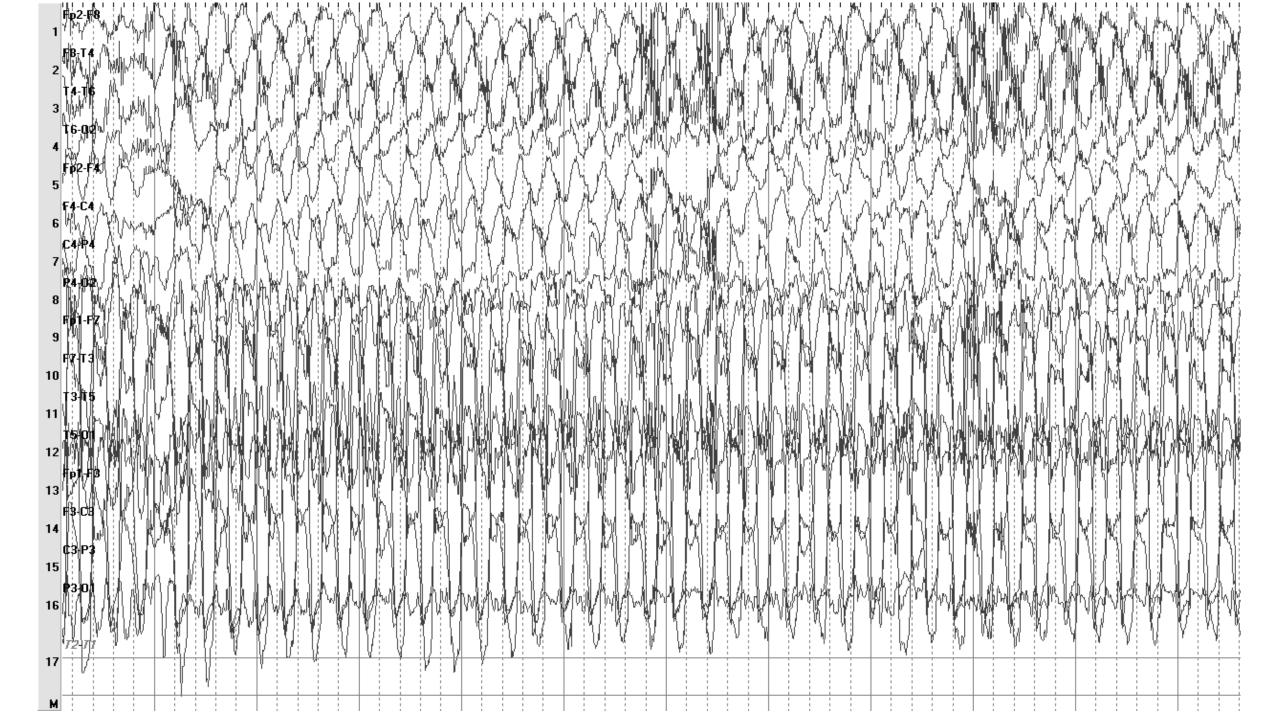


Non-epileptic attacks













Non epileptic attack disorder Psychogenic non epileptic seizures Dissociative attacks

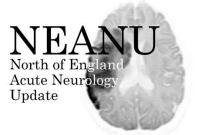
- Not malingering
- High frequency of attacks
- Prolonged attacks
- Discontinuous (stop and go)
- Irregular, asynchronous activity
- Side to side head movements
- Pelvic thrusting or opisthotonos posturing
- Attacks in medical situations
- History of medically unexplained conditions







Syncope







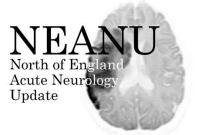
Syncope



- Some motor activity is common
 - Multifocal twitching
 - Occasionally stiffening
- More pronounced in
 - Prolonged (not recumbent)
 - Severe (cardiogenic)
- Distinguishing from GTCS
 - Typical prodrome in vasovagal syncope
 - Brevity
 - Lack of post ictal features

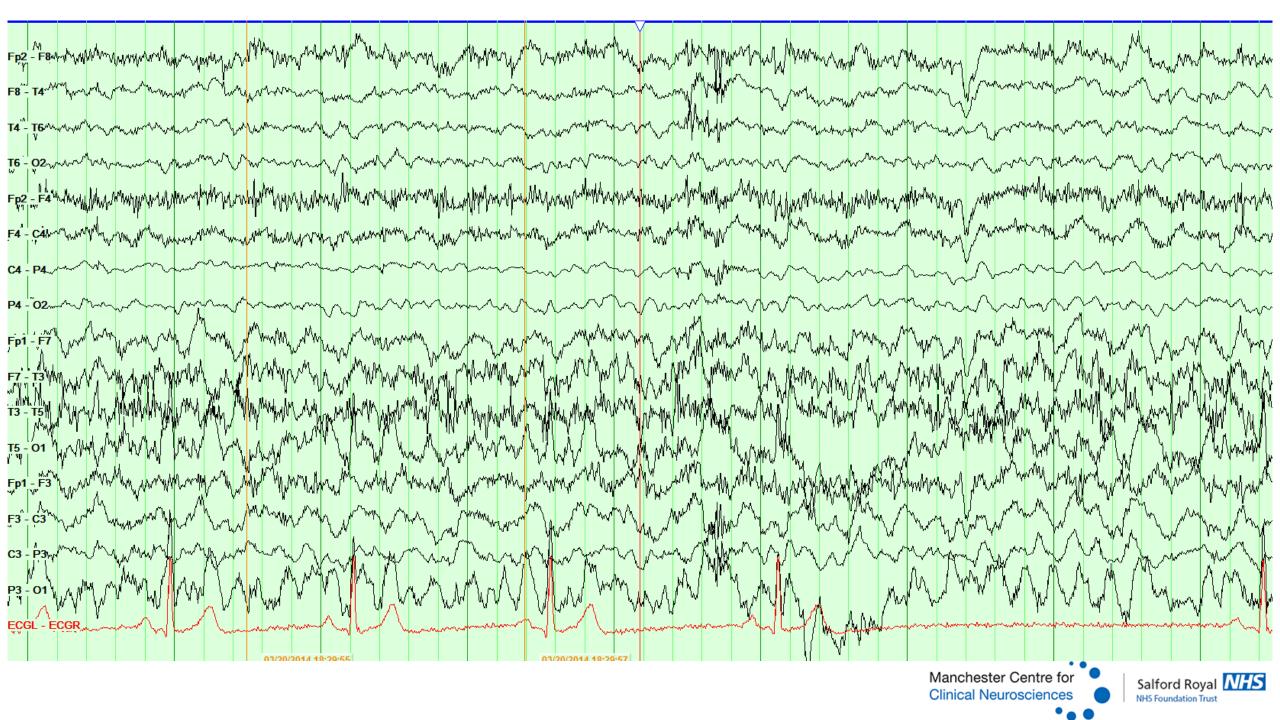


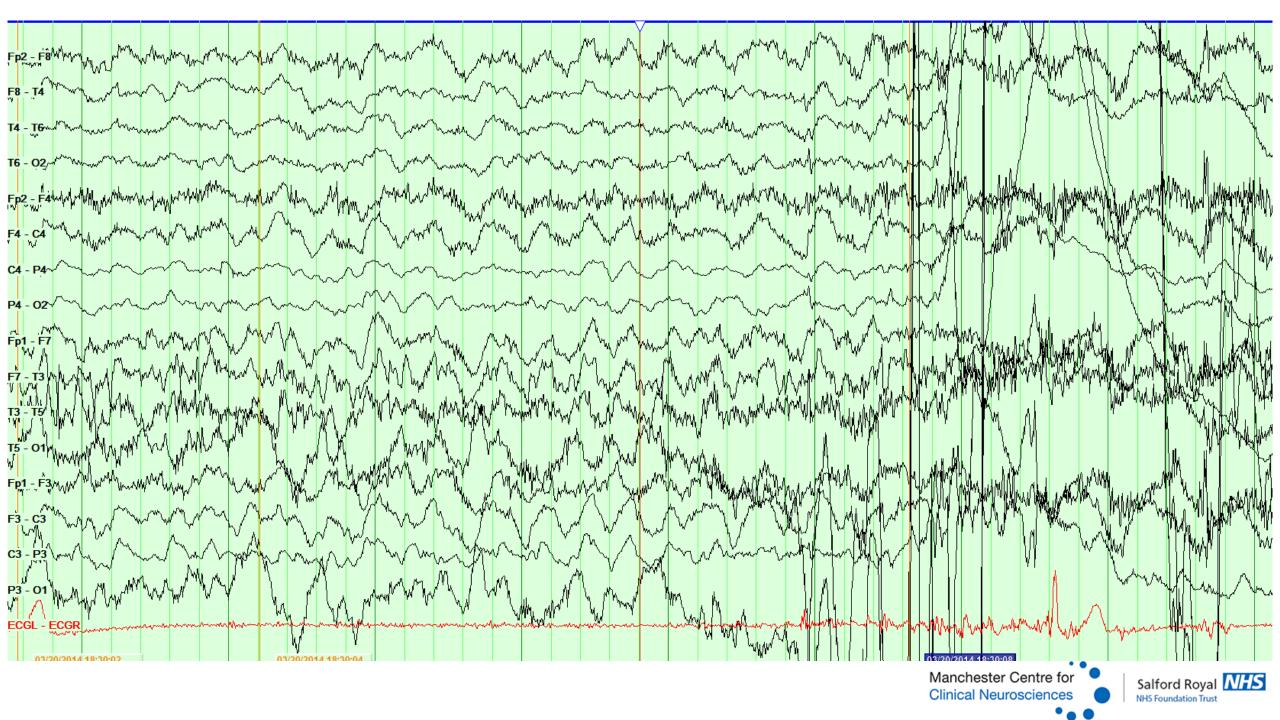
Quiz











What is the nature of the event?



• A – Seizure

• B – Syncope

• C – Non-epileptic attack

• D – Other



Ictal asystole

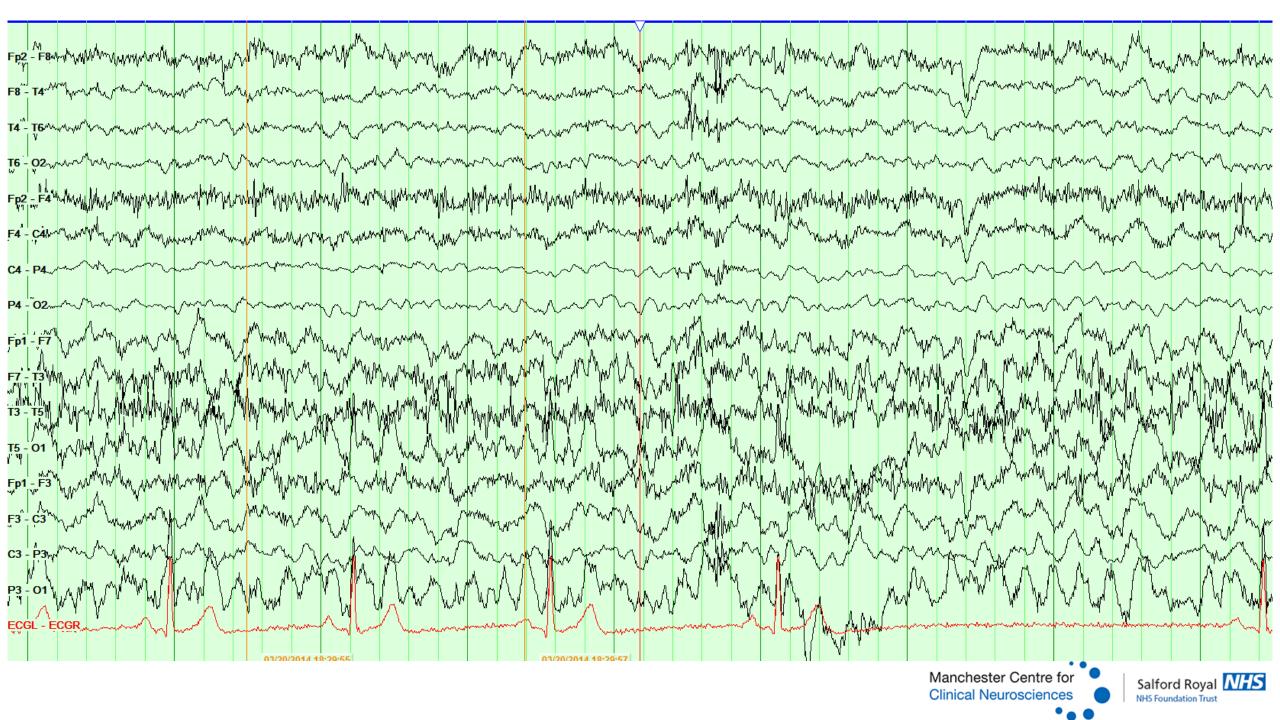
NEANU
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Acute Neurology
Update

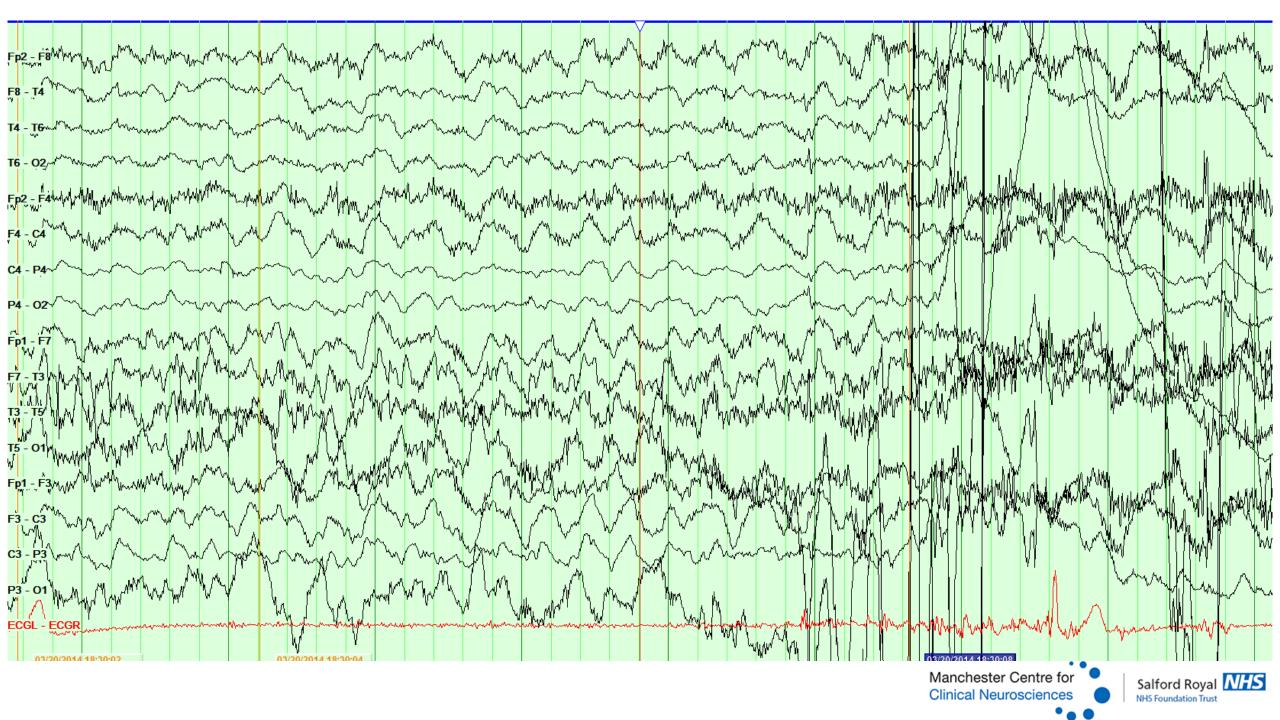
Rare

Seen most often in drug-resistant epilepsy

Temporal lobe most frequent







What is the nature of the event?



• A – Seizure

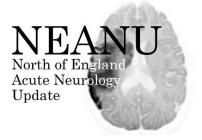
• B – Syncope

• C – Non-epileptic attack

• D – Other



Frontal lobe seizures



- Can be bizarre, often misdiagnosed
- Multiple stereotyped episodes per night
- Behavioural reaction of fear
- Brief, abrupt onset and offset
- Vocalisation
- Large amplitude proximal limb movements
- Axial turning



Take home messages



History is most important

Careful with EEG

• Typical epileptic seizures, non-epileptic attacks and syncopal episodes

More strange epileptic seizures than non-epileptic attacks



Thank you

