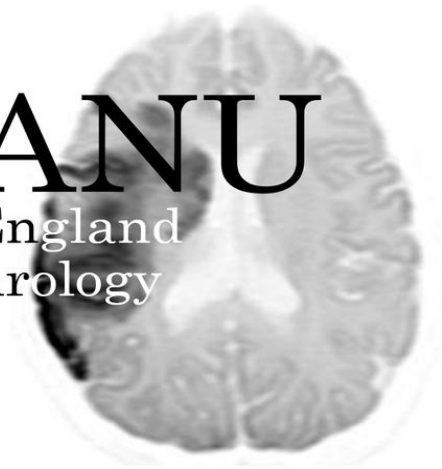


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“Off legs” – understanding the neurophysiology EEG

Dr Rachel Todd

10/09/2025



Disclosures



- None relevant

Objectives



What is EEG?

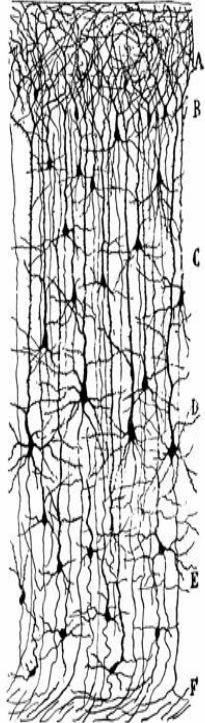
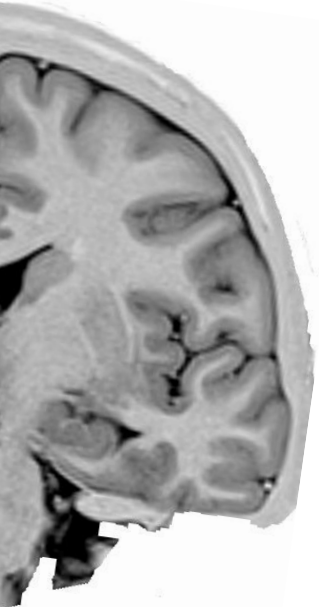


When should I
request an EEG?

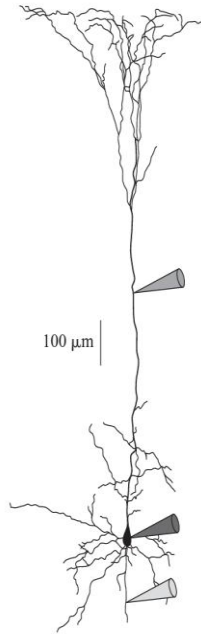


Clinical cases

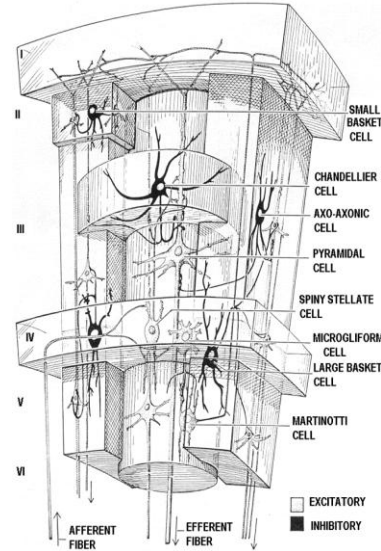
Where does the EEG come from?



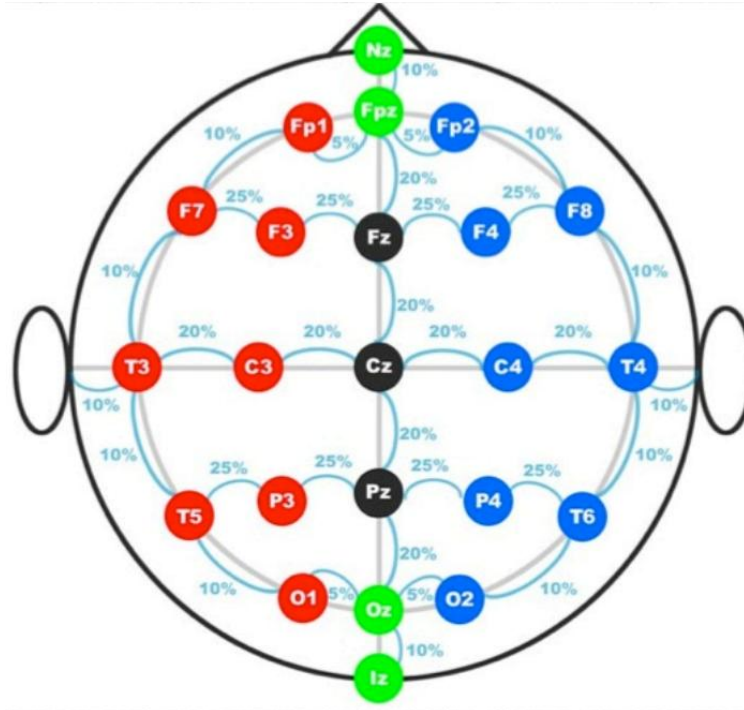
Mammalian cerebral cortex
Santiago Ramón y Cajal



Pyramidal cell



Cortical column





Characteristics of EEG waveforms



- Frequency
 - Beta
 - Alpha
 - Theta
 - Delta
- Distribution of the wave form
 - Generalised
 - Lateralised
 - Regional
- Repetition pattern (unless isolated)
 - Monomorphic / Rhythmic
 - Polymorphic / Arrhythmic
 - Periodic
 - Intermittent
- Specific morphology
- Reactivity



Types of EEG

- Routine OP – 20 minutes including hyperventilation and photic stimulation
- Prolonged (NEAD protocol) – longer recording
- Sleep deprived EEG – sleep for 2/3 hours the night prior to the EEG
- Ambulatory EEG – at home with video equipment
- Video telemetry – 5 day admission to ANU



When should I request an EEG?

- Any suggestions?



When should I request an EEG?

- Status epilepticus
- Epilepsy classification
- 1st seizure
- Encephalitis
- CJD
- Encephalopathy
- Reduced conscious level
- Neuro-prognostication

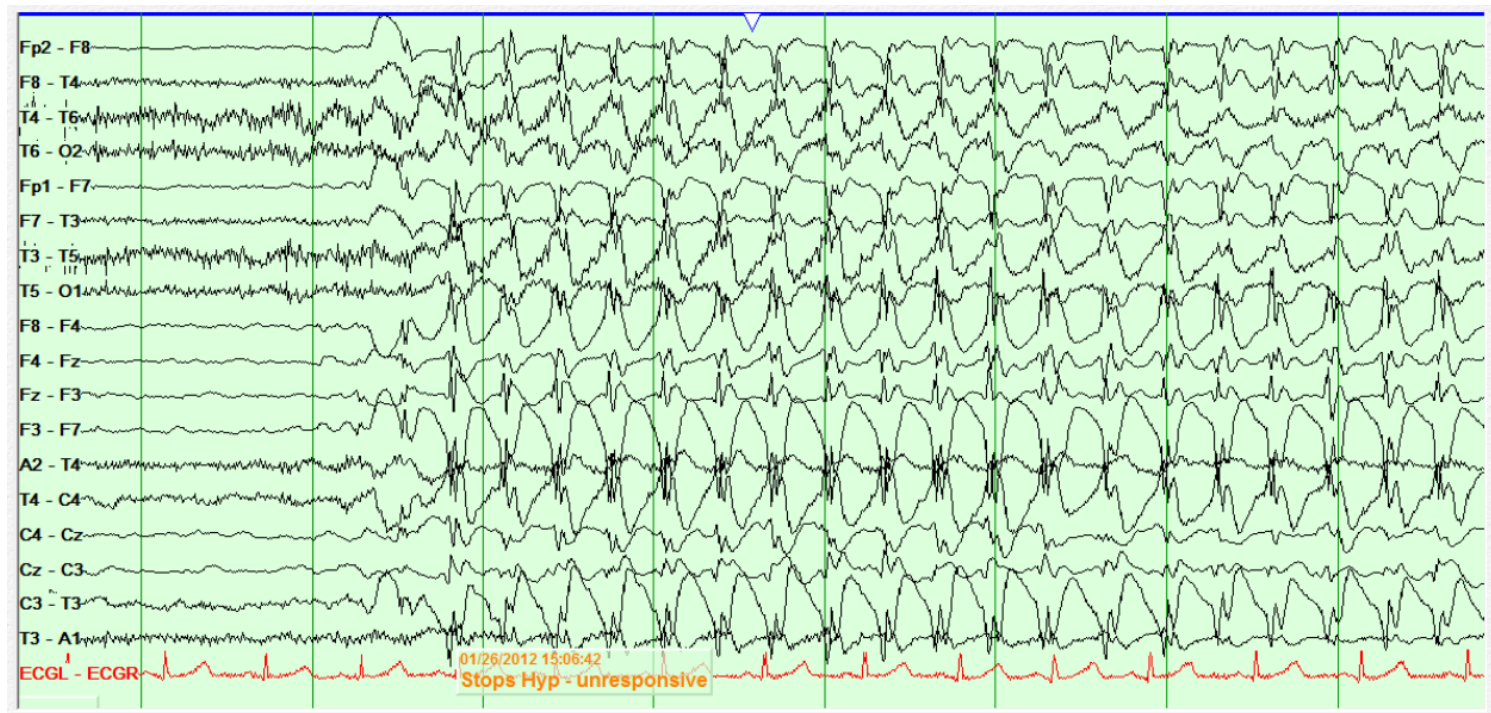
Clinical cases



Case 1



Case 1



Case 2



- 55-year-old female
- 5 day history of confusion
 - Forgetting PIN / phone numbers
- Speech slurred
- Veering off to the left on walking
- Behaving out of character
 - Standing with hands under cold tap for 45 minutes
 - Appears vacant
 - Slept for 15 hours the previous day

Case 2



- 3 months previously
 - Tired all the time
 - GP – iron deficiency anaemia – iron sup – ref for endoscopy
- Office worker, lives with mother and sister
- Does not drink alcohol
- Smokes 5 / day
- On examination
 - Temp 35.6
 - O2 sats 100%
 - Crackles and reduced AE right base
 - Speech slow and slurred
 - No neurological deficits
 - Rest NAD

Case 2



- Diagnosed ?encephalitis , started ceftriaxone and acyclovir
- LP – WCC <1, RCC 72, Protein 0.47, glucose 6.9
 - Bacterial culture, viral PCR negative
- Discharged after 5 days



Case 2 – 6 months later

Neurology clinic

- Still off work
- Speech slow, word finding difficulty
- Tired, sleeps 2 hours during the day
- Emotionally labile

- MRI unchanged from previous
- VGKC Abs 101, NMDA negative
- Admitted

Case 2 – EEG



Severely abnormal record

Background rhythms in the delta range
(excessively slow),

Periodic sharp and slow and triphasic complexes



Severe encephalopathic picture

Possible non convulsive status epilepticus

Repeat EEG after trial of benzodiazepines
(clobazam)

Case 2



- Started on Clobazam 10mg BD
 - Extremely drowsy
 - Bed bound
 - Barely able to speak
- Repeat EEG

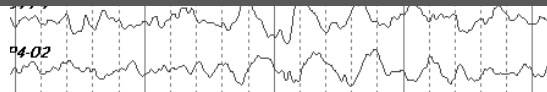
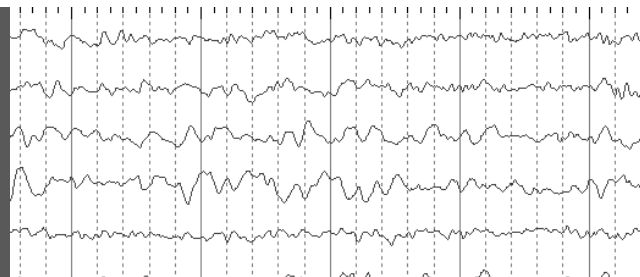


Case 2 – Repeat EEG

Record still abnormal

Background rhythms in the theta range (slow)

Periods of fast activity and rhythmic delta

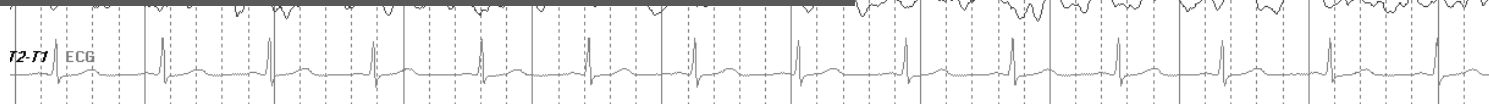


WE ARE MISSING SOMETHING!

Moderate encephalopathy

EEG improved with clobazam

Repeat study in 1 week recommended





Case 2 – diagnosis

- Ammonia 110
- Diagnosis: hepatic encephalopathy

Case 3



- 90 F, nursing home resident
- Admitted with chest infection
 - Febrile
 - Confused
 - CRP 25
- 3 days later
 - Unresponsive
- CT brain – age related atrophy
- LP – CSF protein 0.8, otherwise normal

Case 3 – EEG

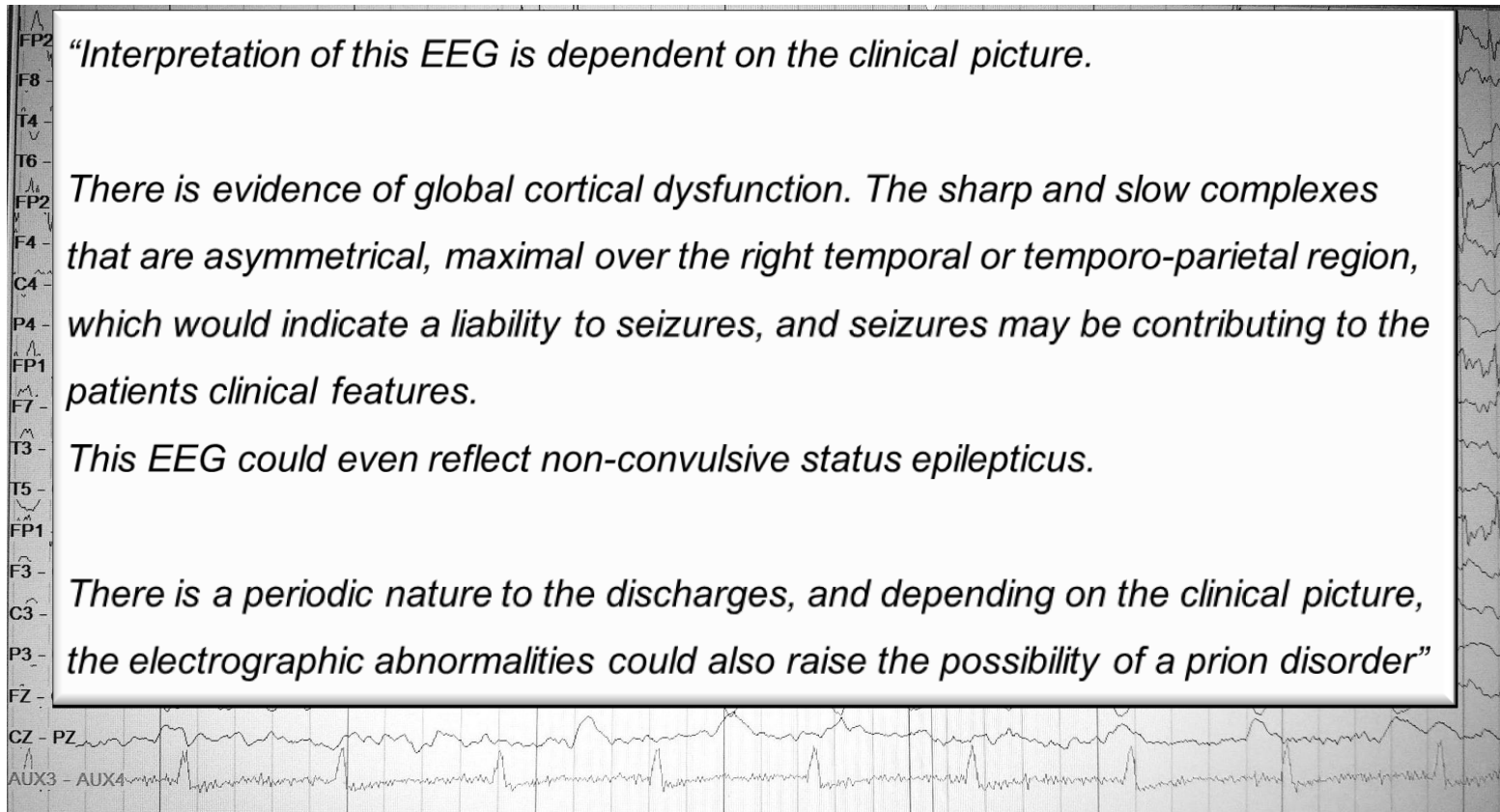


"Interpretation of this EEG is dependent on the clinical picture.

There is evidence of global cortical dysfunction. The sharp and slow complexes that are asymmetrical, maximal over the right temporal or temporo-parietal region, which would indicate a liability to seizures, and seizures may be contributing to the patients clinical features.

This EEG could even reflect non-convulsive status epilepticus.

There is a periodic nature to the discharges, and depending on the clinical picture, the electrographic abnormalities could also raise the possibility of a prion disorder"



Case 3



- Discussed with on call neurology registrar
 - ‘We have a 90 year old in non convulsive status’
 - Loaded with valproate
 - Comatose
- Referred to neurology



Case 3 – Diagnosis

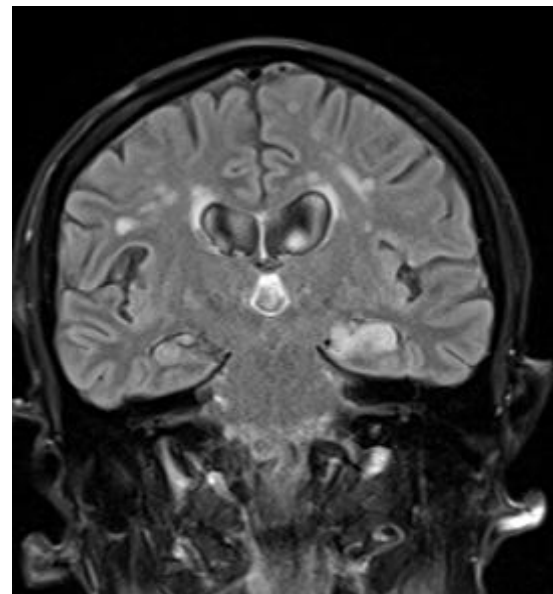
- CRP 326
- Diagnosis: Sepsis Associated Encephalopathy



Case 4

- 62-year-old man presents with confusion
- Sodium 124
- FBC, LFT, ESR, CRP normal
- Hyponatremia was corrected, but encephalopathy persists

Case 4



High T2 signal in the left hippocampus



Case 4 – EEG

- Multiple events captured – no epileptiform correlate on EEG

Case 4 – Diagnosis

- LGI1 encephalitis





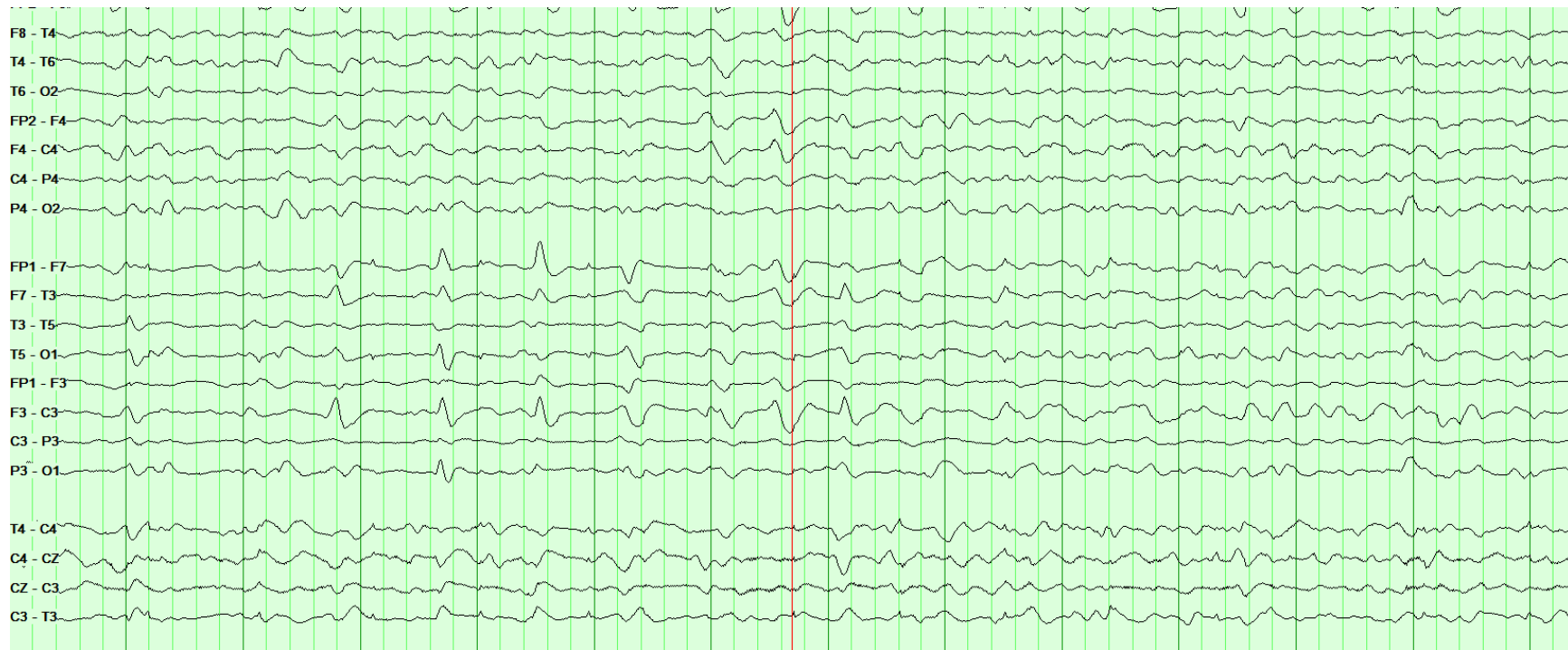
Case 5

- A 65-year-old man presents with rapid cognitive decline and behaviour change
- MRI – non-specific changes
- Antibodies for autoimmune encephalitis – pending

Case 5 – EEG



Case 5 – EEG



Case 5 – Diagnosis

- CJD





Take home messages

- Some seizures do not have a correlate on scalp EEG
- Some EEG patterns are diagnostic
- If you're not sure what an EEG report means – ask for advice
- Be clear with the clinical question when requesting an EEG

Any questions?

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