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A case of epilepsia partialis continua with recurrence of periodic lateralized epileptiform discharges (PLEDs)

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[Purpose] We reported a rare case of epilepsia partialis continua (EPC) with the recurrence of periodic lateralized epileptiform discharges (PLEDs) on electroencephalogram (EEG).
[Case Report] The patient was a 82-year-old man with a history of old thalamic hemorrhage, who had received the treatment for hypertension, diabetes mellitus, and chronic obstructive pulmonary disease. On July 8th 2001, he suddenly became unconscious and suffered from convulsion on the right side, and he therefore was admitted to a local hospital. After admission, he was placed on a respirator because of difficulty in his breathing. Since the disturbance of consciousness and convulsion persisted, he was transferred to our hospital on July 11th. On transfer, he showed deep coma (Japan Coma Scale 300 points), conjugate deviation of his eyes to the right side, clonic hemiconvulsion on the right side including his face, depressed deep tendon reflexes in his all limbs, and a Babinski sign on both sides. Laboratory data showed marked elevation of WBC and CRP, hyperglycemia of 480 mg/dl, and pneumonia in both lower lung fields. Cranial MRI showed diffuse bilateral moderate high signal intensity lesions in the entire cerebral white matter on 'I'2-weighted images (T2-WI), and also showed, on diffusion weighted images (DWI), high signal intensity lesions in left middle and anterior cerebral artery distributions as well as in the thalamus on the left. EEG revealed typical PLEDs which consisted of high amplitude slow waves with a periodicity of about 2 seconds and were found mostly in the left cerebral hemisphere. The PLEDs continued for about 2 weeks and then subsided gradually. He remained on a respirator and in a vegetative state. Six months after the transfer, PLEDs became recurrent and disappeared 3 weeks later. During the recurrent PLEDS, patient' s neurological status was unchanged without convulsions, and repeat cranial CT scan showed a slight high density lesion in the left thalamus. [Discussion and Conclusion] We considered that the PLEDs on transfer to our hospital were caused by the cerebral infarction, and the cause of the recurrent PLEDs was not clear, probably by a recurrent cerebrovascular disease. PLEDs are a transient EEG abnormality, and the presence of PLEDs is considered to be a poor prognostic indicator. The recurrence of PLEDs as observed in our case is unusual and has been rarely reported.

周期性一側性てんかん型放電 (PLEDs) が再出現した，持続性部分てんかんの一例

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Retrospective study of 20 children with Panayiotopoulos type partial seizures manifesting both ictal vomiting and eye deviations

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We studied 20 children with Panayiotopoulos syndrome. Four developed other types of seizures and were diagnosed as having absence epilepsy, BCECT, late-onset BCEOP and photosensitive OLE, respectively. EEG findings included occipital spikes(65%), extra-occipital spikes(60%) and generalized spike-and-waves(45%). These indicate Panayiotopoulos syndrome includes a broad range of benign childhood epilepsy.

Panayiotopoulos症候群の発作症状および脳波所見についての後方視的検討

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【目的】 Panayiotopoulos症候群は嘔吐、眼球偏位などを主症状とし、時に部分発作重積、半身痙攣、二次性全般化発作をおこす予後良好な小児てんかん症候群の1つとして提唱されている。脳波上は必ずしも後頭部に突発波を示さず、その概念は幅広い。このため、初期にPanayiotopoulos症候群とされた症例の発作症状および脳波所見の変遷について検討した。
【対象と方法】 嘔吐・眼球偏位から始まる発作症状を1回でも有し、神経学的所見、精神運動発達が正常な20人を対象として、発作症状および脳波変化を後方視的に検討した。
【結果】 平均発症年齢は2歳3ヶ月で、痙攣重積は7例で認められた。重積時、抗てんかん薬内服例はなかった。嘔吐、眼球偏位、半身痙攣、全身痙攣のいずれかを含む発作の平均発作継続期間は、1年7ヶ月で、発作回数は平均5.8回であった。4例で、経過中に他の発作症状が出現し、それぞれ小児欠神てんかん、中心側頭部に棘波を持つ良性小児てんかん、後頭部に突発波を持つ小児てんかん（後期発症型）、特発性光過敏性後頭葉てんかんと診断され、これらの発作症状の平均出現年齢は5歳3ヶ月だった。脳波は経過中、後頭部棘波が65%、全般性棘徐波が45%、前頭部棘波が40%、中心・側頭部棘波が35%に認められた。
【考察】 発症年齢、発作回数は既存の報告と同等であった。30%が1回のみの発作のため、内服の効果は不明とされている。重積は44-55%におこると報告されているが、今回の検討でも35%に認められた。今回の検討では全例が内服をしており、内服中の重積発作がなく、重積率がやや低かった可能性がある。4例で最終診断が変化したが、その他の症例でも、てんかん放電が全般化したり、他の部位に出現したりする例が多く、他の良性小児てんかんとの関連を示唆する所見であった。