Teaching Video NeuroImages: Atypical childhood epilepsy with centrotemporal spikes

Seizures often discussed, rarely seen

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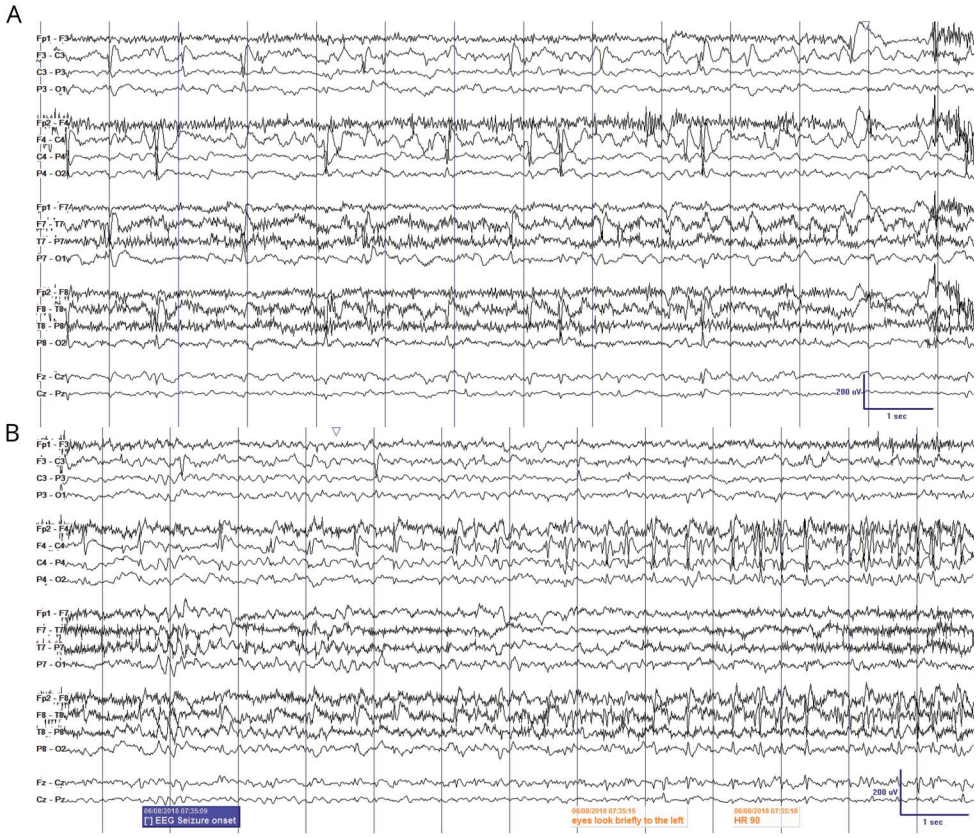
Figure EEG stereotyped right > left centrotemporal spike waves



(A) Awake. (B) Seizure onset.

A 7-year-old right-handed boy with poorly controlled epilepsy presented to the epilepsy monitoring unit for further clarification of his diagnosis. Seizure onset was at 3 years with focal motor seizures of left face and arm followed by confusion and aphasia. Prominent behavioral and school difficulties were also reported. Valproic acid monotherapy (23 mg/kg/d) was weaned by day 2 and a habitual event captured on day 5 (figure, video 1). Brain MRI and an epilepsy gene panel (including *GRIN2A*) were nonrevealing. The diagnosis was therefore consistent with atypical childhood epilepsy with centrotemporal spikes. This differs from benign rolandic epilepsy because of earlier seizure

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onset, increased seizure burden, EEG with background slowing (figure) with stereotyped discharges, seizure semiology, and more prominent comorbidities.[1,2]

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Disclosure

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Appendix Authors

Name	Location	Role	Contribution
Egidio Spinelli, MD	Ann & Robert H. Lurie Children's Hospital of Chicago	Author	Article concept and writing
Khrystyna Moskalyk, BS, REEGT, CLTM	Ann & Robert H. Lurie Children's Hospital of Chicago	Author	Article concept and clinical testing
Sunita N. Misra, MD, PhD	Ann & Robert H. Lurie Children's Hospital of Chicago	Corresponding author	Article concept and editing

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