

【附件一】

2021 年台灣癲癇醫學會「與大師對談」活動

Talking With Masters

日期：110 年 5 月 8 日【六】13:00-16:30

會場：台北喜來登飯店 2 樓-瑞穗園（台北市忠孝東路一段 12 號）

報名方式：每一個案討論約 20 分鐘，歡迎有興趣參與個案討論之會員踴躍投稿，名額有限，機會難得，請務必將討論摘要於【110 年 2 月 22 日中午前】，e-mail 至學會秘書處，以利審核作業之進行。（為鼓勵會員踴躍投稿，凡通過審核者，將獎勵新台幣 2000 元整，不用繳交報名費）(e-mail：epil1990@ms36.hinet.net)。

範例

Normal MRI in a case of temporal lobe epilepsy

阮相國

Hsiang Kuo Yuan

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A 22 y/o girl, right handed, seizure for 9 years.

- Seizure pattern: bilateral arms tonic posture, LOC, left automatism→head turning right, GTCS→postictal confusion
- Frequency: 3~4/month
- Precipitating factors: MC, URI, fatigue, sleep deprivation
- Past history: Full term birth via C/S, CNS infection (-), Birth history (-), febrile convulsion (-), head injury (-)
- Current medications: Depakine CR 500mg 2#bid, Depakine 200mg 1#qn, Frisium 2#qn, Tegretol 200mg 1#qn, Topamax 3#bid
- Video EEG: see video
- Brain MRI: normal
- MEG: Left temporal spike, T3 spike
- PET: left T-P-O decreased metabolism

Questions:

1. Without Wada test, how should the surgical decision being made in cases with normal hippocampus in brain MRI?
2. If maximum amplitudes of spikes occurred at T3, are cheek electrodes able to replace sphenoidal electrodes?
3. What are we supposed to do next if the neoplasm pathology is confirmed?