

Patient name :	Zaid Ahmed	Date of reporting :	March 14, 2023
Age:	12	Referring physician :	Dr.
Gender :	Male	Patient ID:	
Handedness :	Right	Department :	Neurology
Address :	Erbil	Comment :	Routine

Dear dr

Thank you for referring this case

Summary of clinical condition:

Technical parameters:

27-channel digital EEG using Nicolet Natus machine was performed in the Clinical Neurophysiology Laboratory of PAR Hospital at a sampling rate of 256 samples per second. The 10-20 international system of electrode placement was used and both bipolar, and referential electrode montages were monitored. Additional electrodes placed at F9 T9 P9 as left inferior temporal chains and F10 T10 P10 as Right inferior temporal chains both T1 T2 also added in the anterior temporal electrodes, the patient was sleep-deprived. Instructed to clean his scalp and not use any oily detergent at day of exam. The patient was recorded during the waking, drowsy, and sleep states.

Extra cerebral electrodes are also added (EMG, EKG, ocular) to the record to monitor heart rate, and muscle activity.

- Polygraphic leads: ✓ Ocular leads: ✗ Sleep deprivation: ✓ Sedation: ✓ Fasting: ✗
- Level of consciousness during the study: fully conscious /Duration of the record: 30 min.

Activation procedures:

- Hyperventilation (HV) for 3-5 minutes
- Intermittent photic stimulation (IPS):
lamp with circular reflector that delivers flashes with an intensity of at least 0.70 Joule, a viewing distance of 30 cm. Flashes delivered in separate trains of 5s on and 10 seconds off according to automated program using different frequencies (1, 2, 8, 10, 12, 14, 16, 18, 20, 25, 30, 40, 50, 60)
- Sleep deprivation
(Partial or complete) with no intake of stimulant drinks like coffee or tea then patient allowed to sleep in the unit during the test.

Finding:

Awake:

- Well organized posterior dominant rhythm with frequency in alpha band, reactivity to eye opening and closure, and distribution all are normal for age.
- **Response to ILS:**
- **Response to hyperventilation:**
- **Other frequencies:** Beta band, theta and nonspecific slowing are seen in frontal and anterior head regions
- Symmetrical blinks seen on the epochs
- Normal variants on wakefulness:
- Other finding:
- Normal variants on wakefulness: non noted

Epileptiform discharges

- Generalized high-voltage spike and (double or triples)-slow-wave complexes with clear onset and off set, lasting less than 2 seconds, irregular with mild asymmetry, no associated lead in of focal discharge
- *Accentuated by photic stimulation and HV*
- The intervening background was normal.

Conclusion:

The record was Abnormal

Picture of idiopathic generalized epilepsies.

دکتوره
سیقان جبار علی
پسیوری فسیو لوجی منشیک و دمار
DR. SEEVAN. J. ALI
Clinical Neurophysiologist

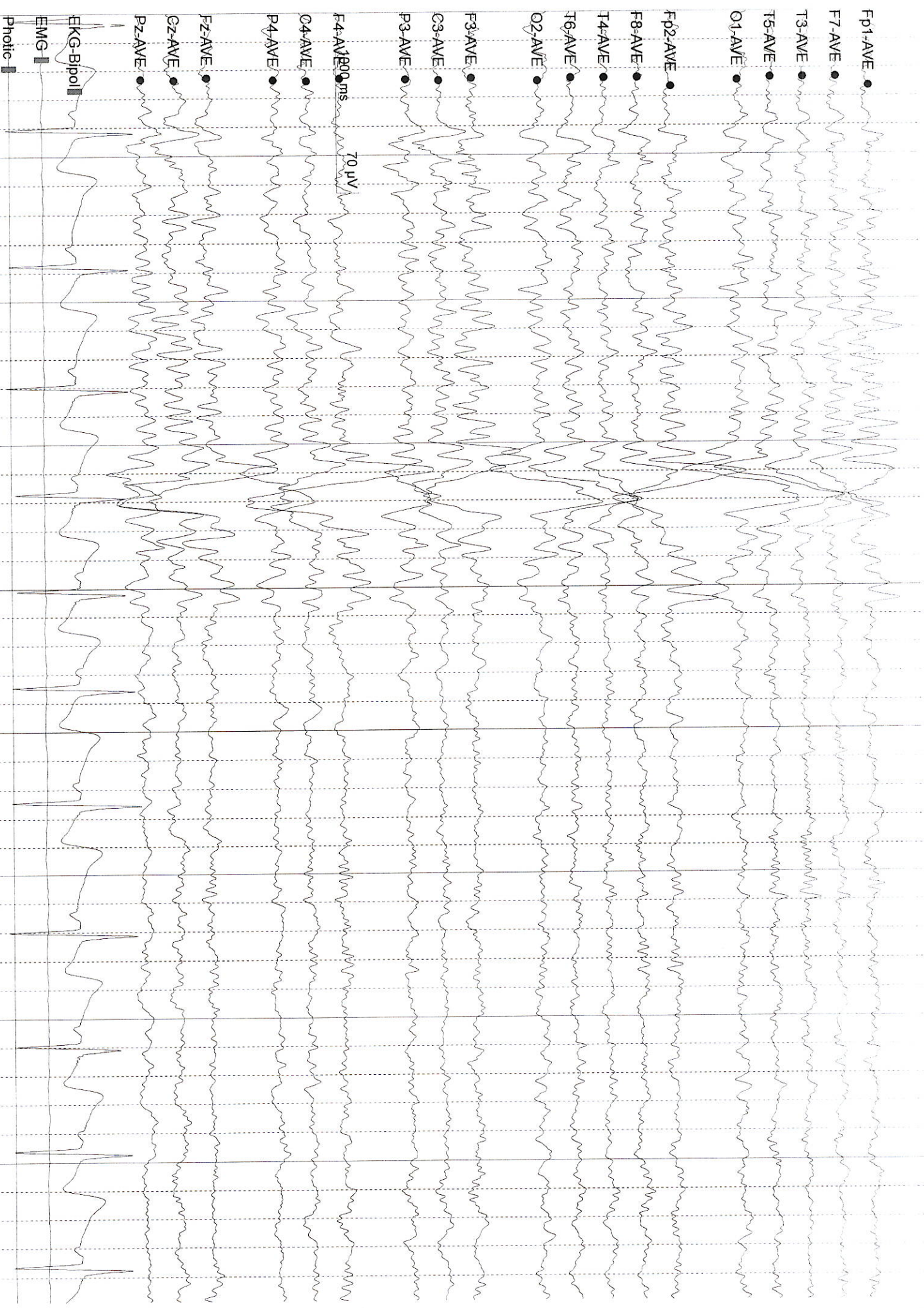
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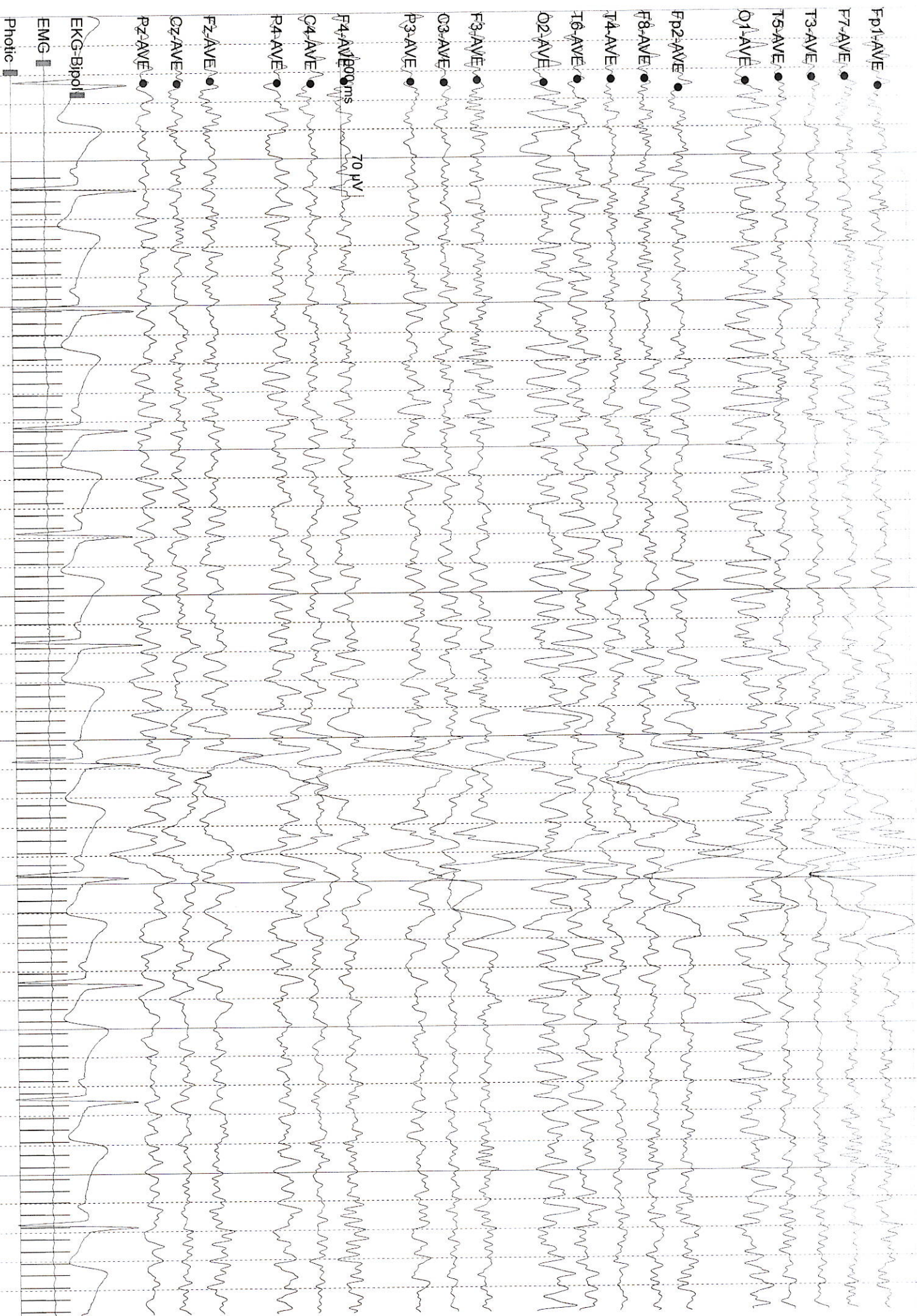
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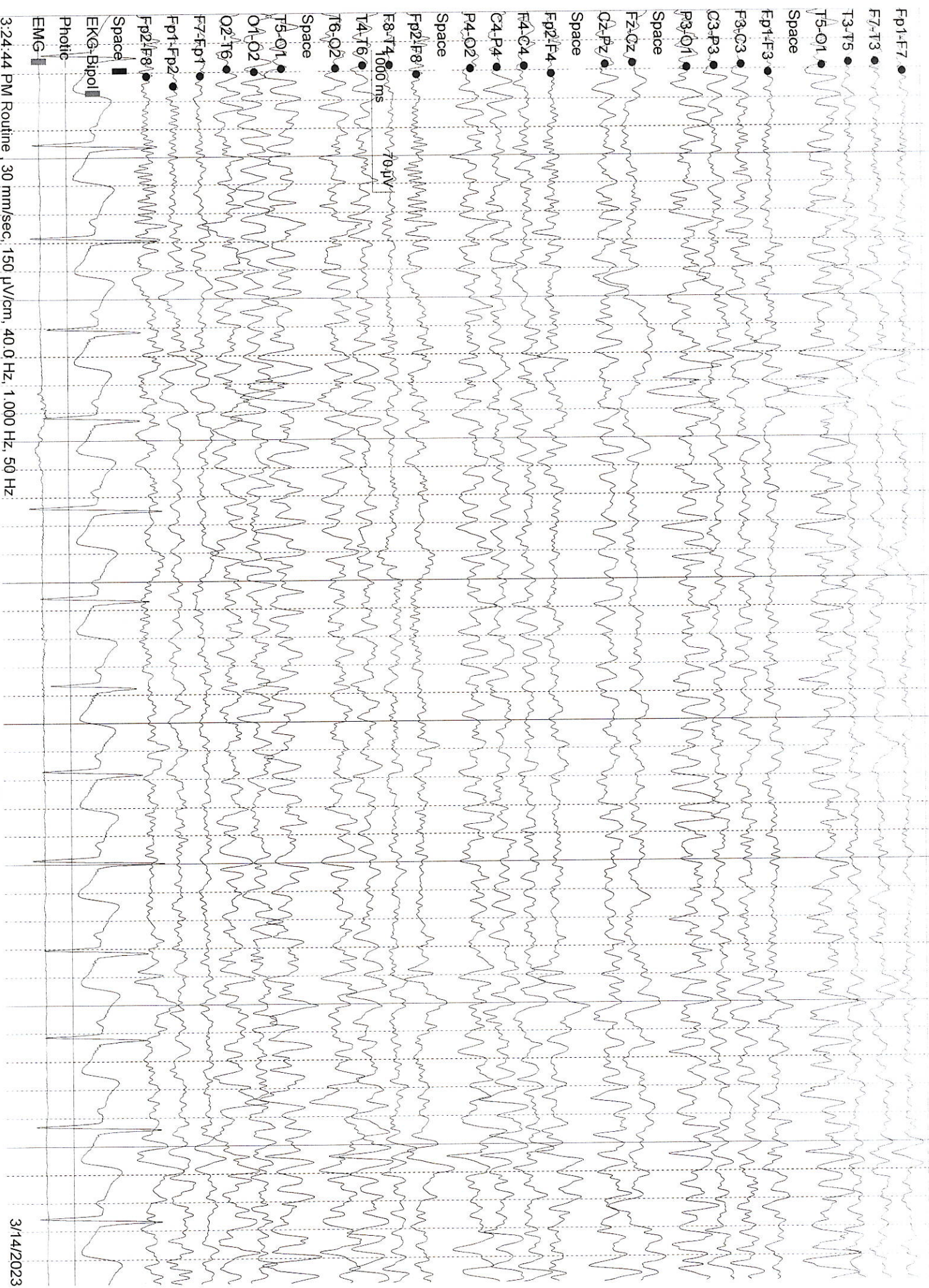
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٦٠ سهرزی، گهرهکی ماموستایان.

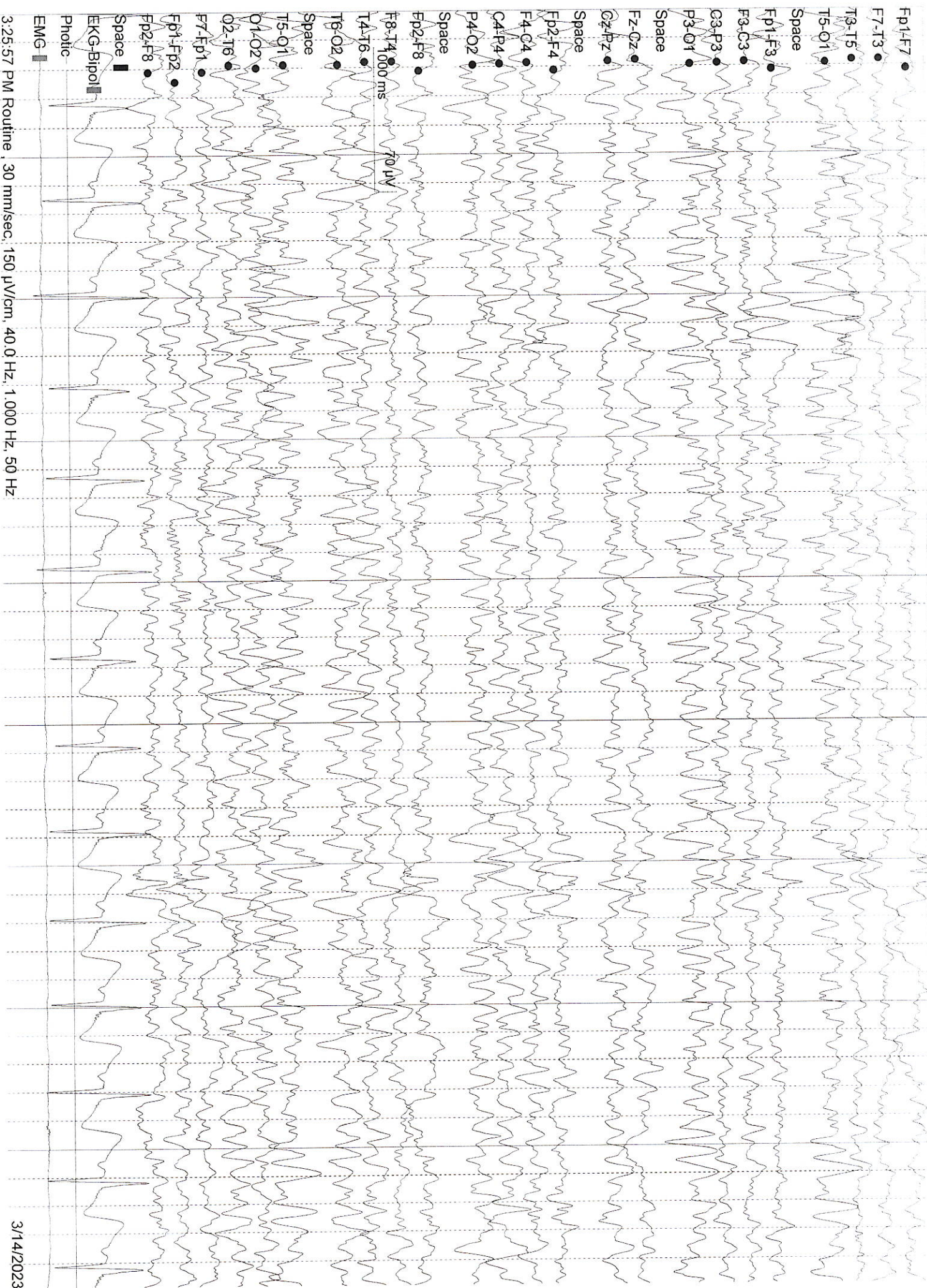


Photic-12 Hz (00:09.9)

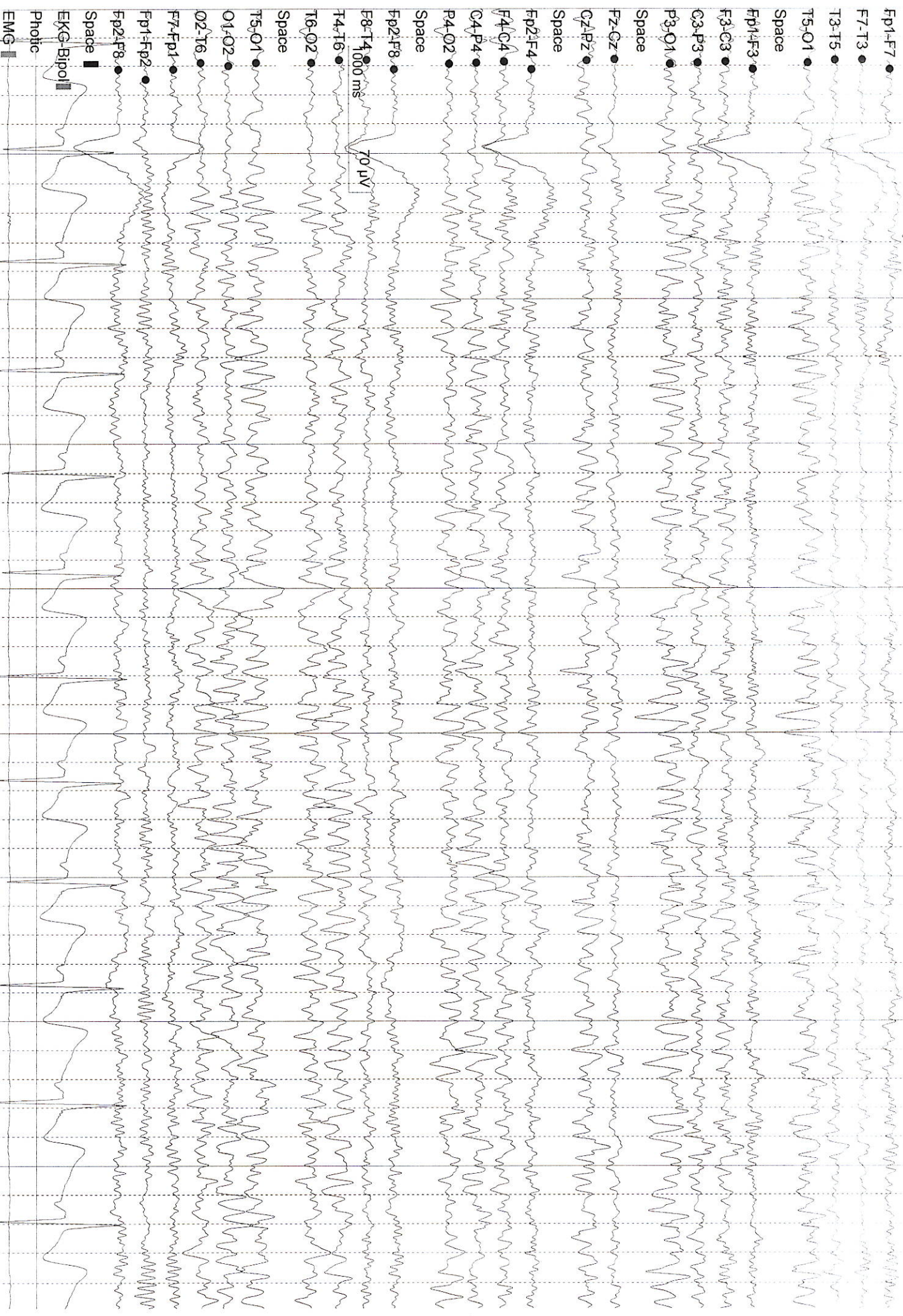
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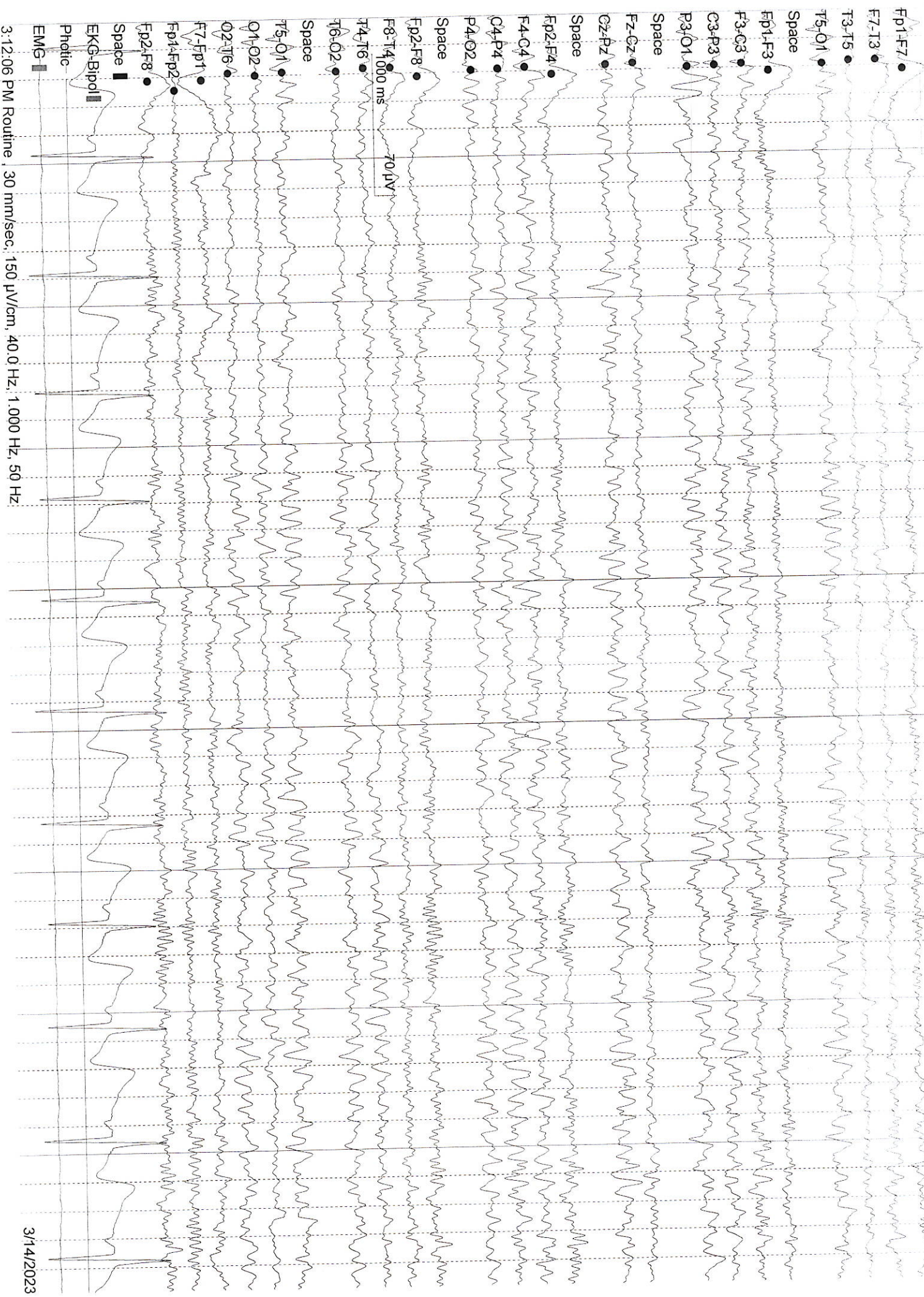




Eyes Closed



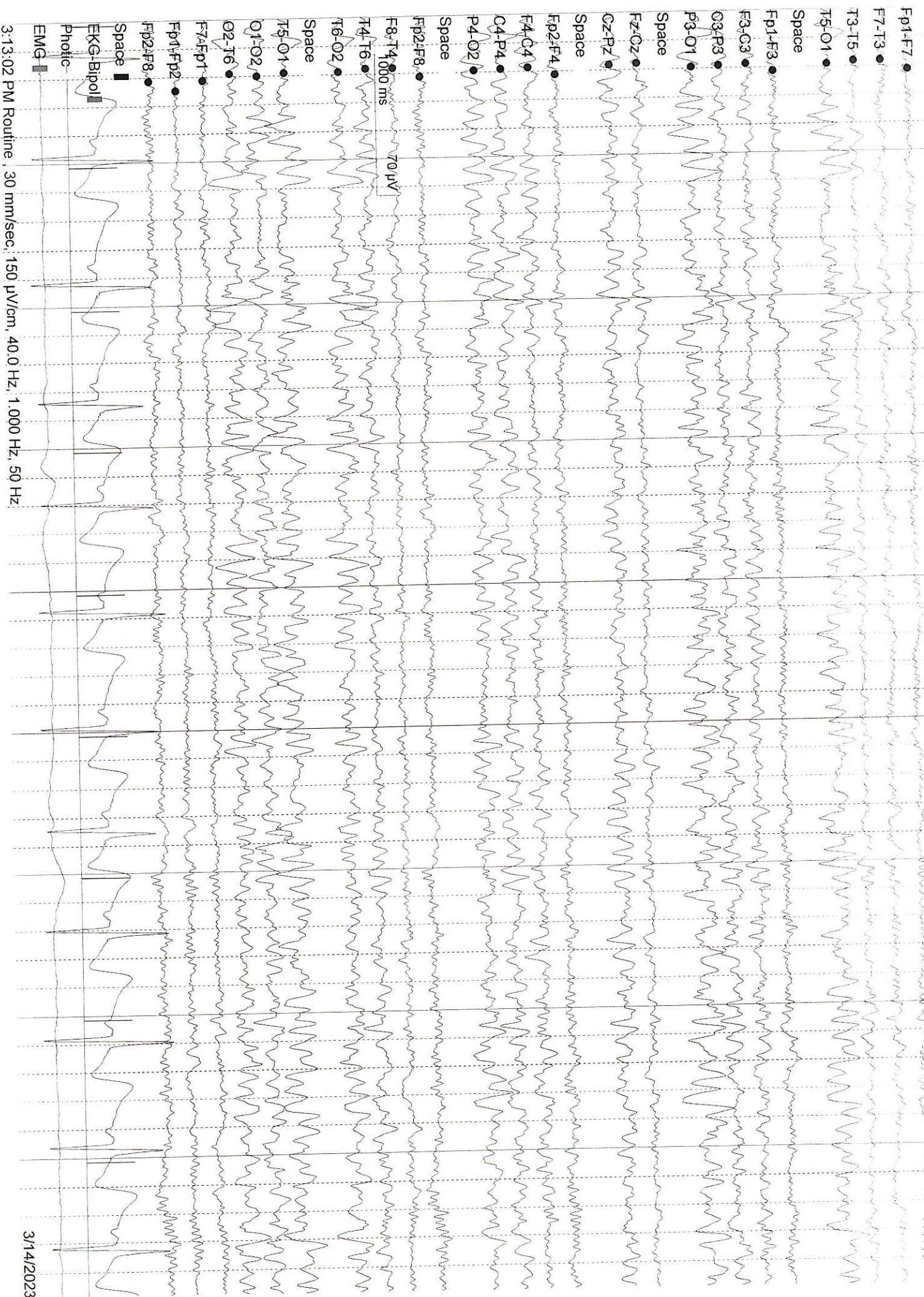
Eyes Open



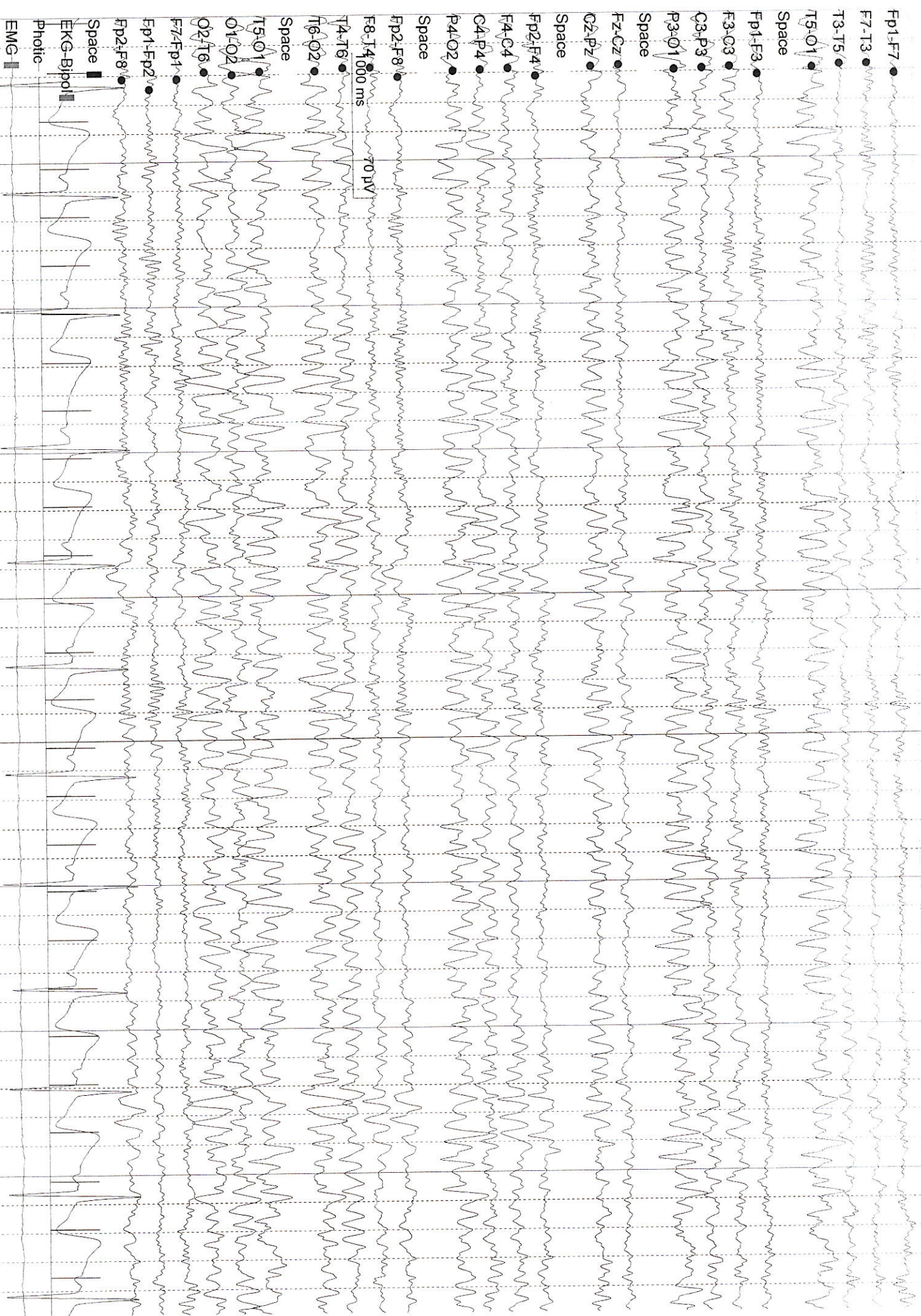
3:12:06 PM Routine , 30 mm/sec, 150 µV/cm, 40.0 Hz, 1.000 Hz, 50 Hz

Photic-1 Hz (00:10.0)

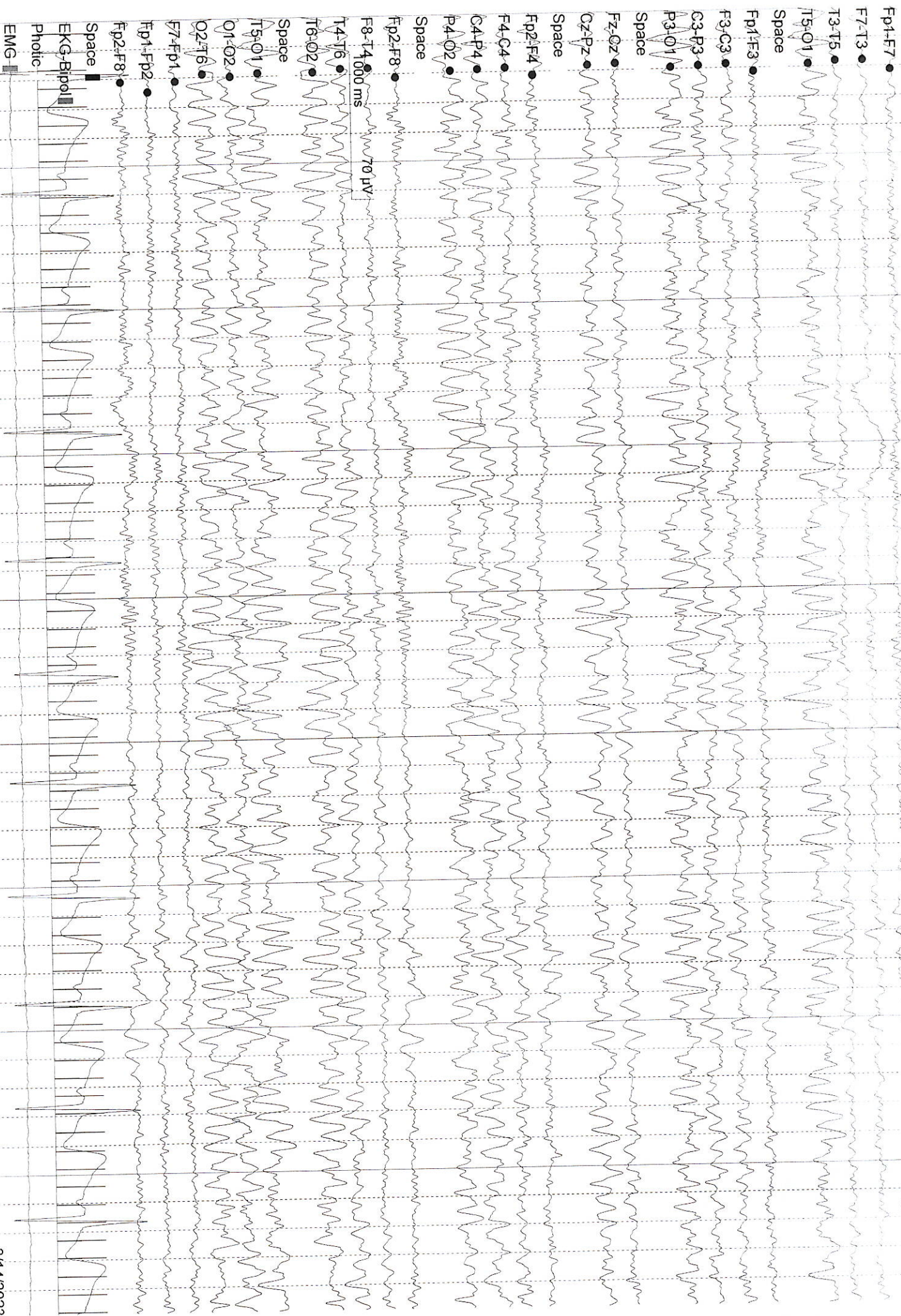
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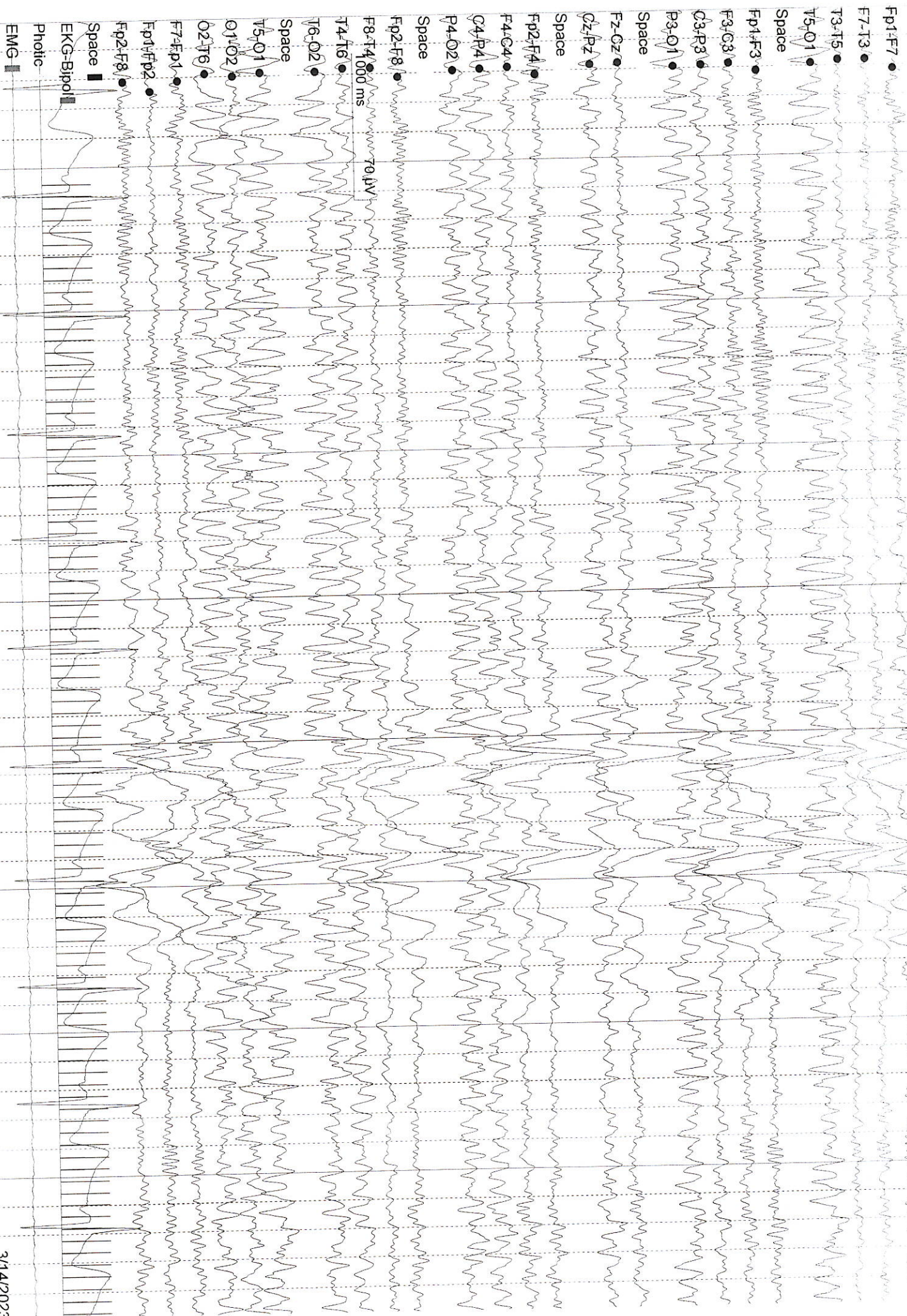


Photic-3 Hz (00:10.0)

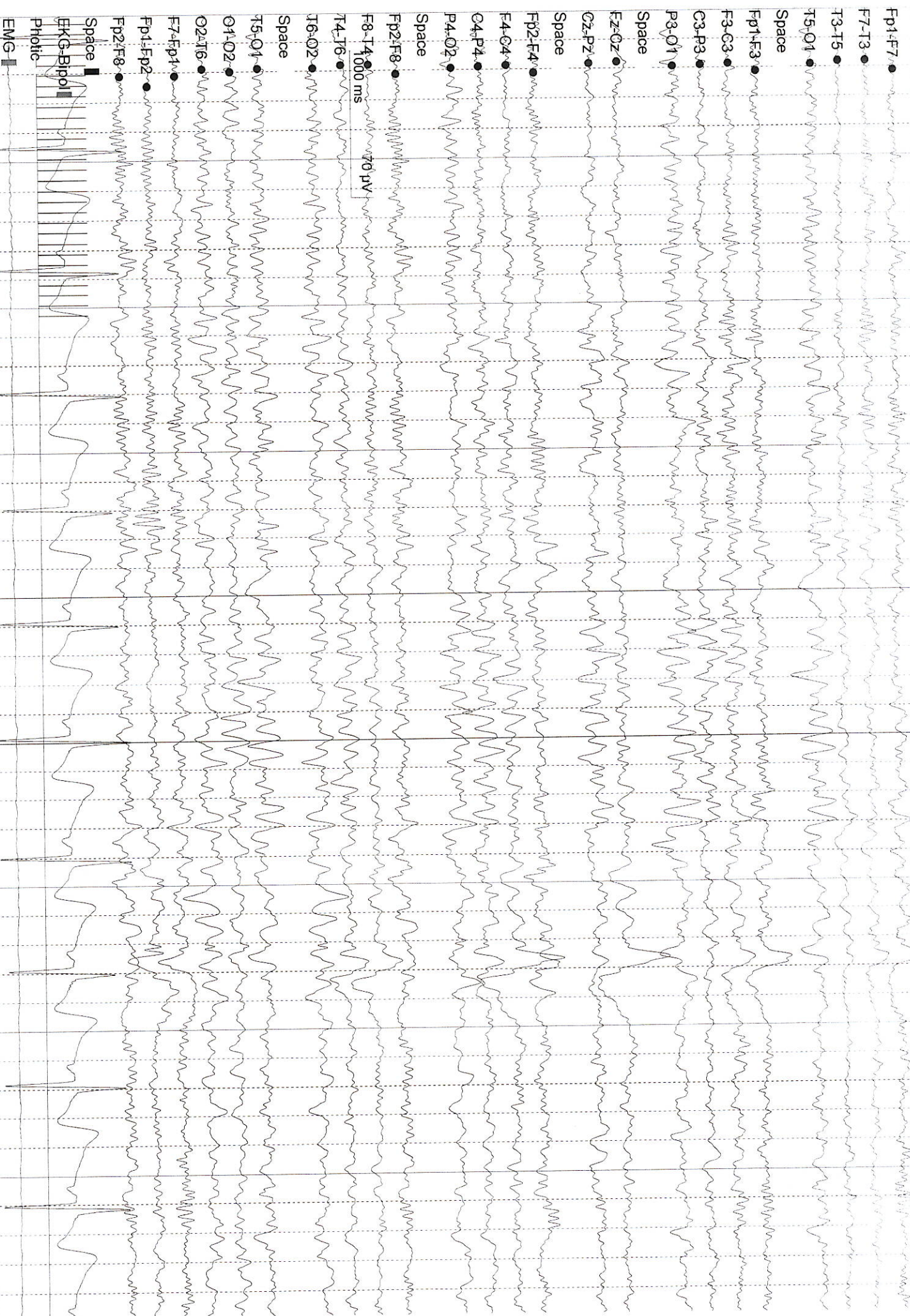


Photic-8 Hz (00:09.9)

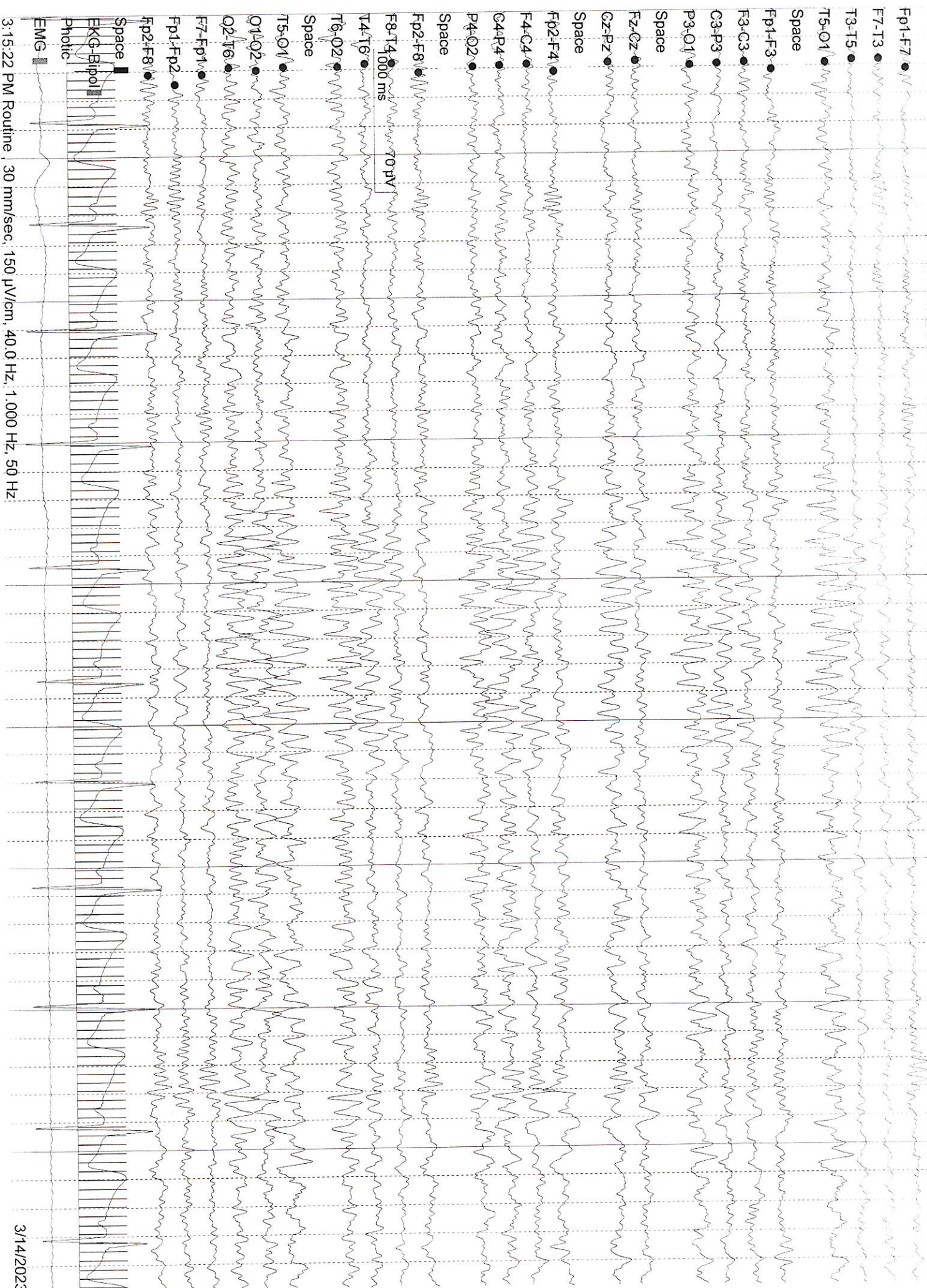




Photic-14 Hz (00:10.0)

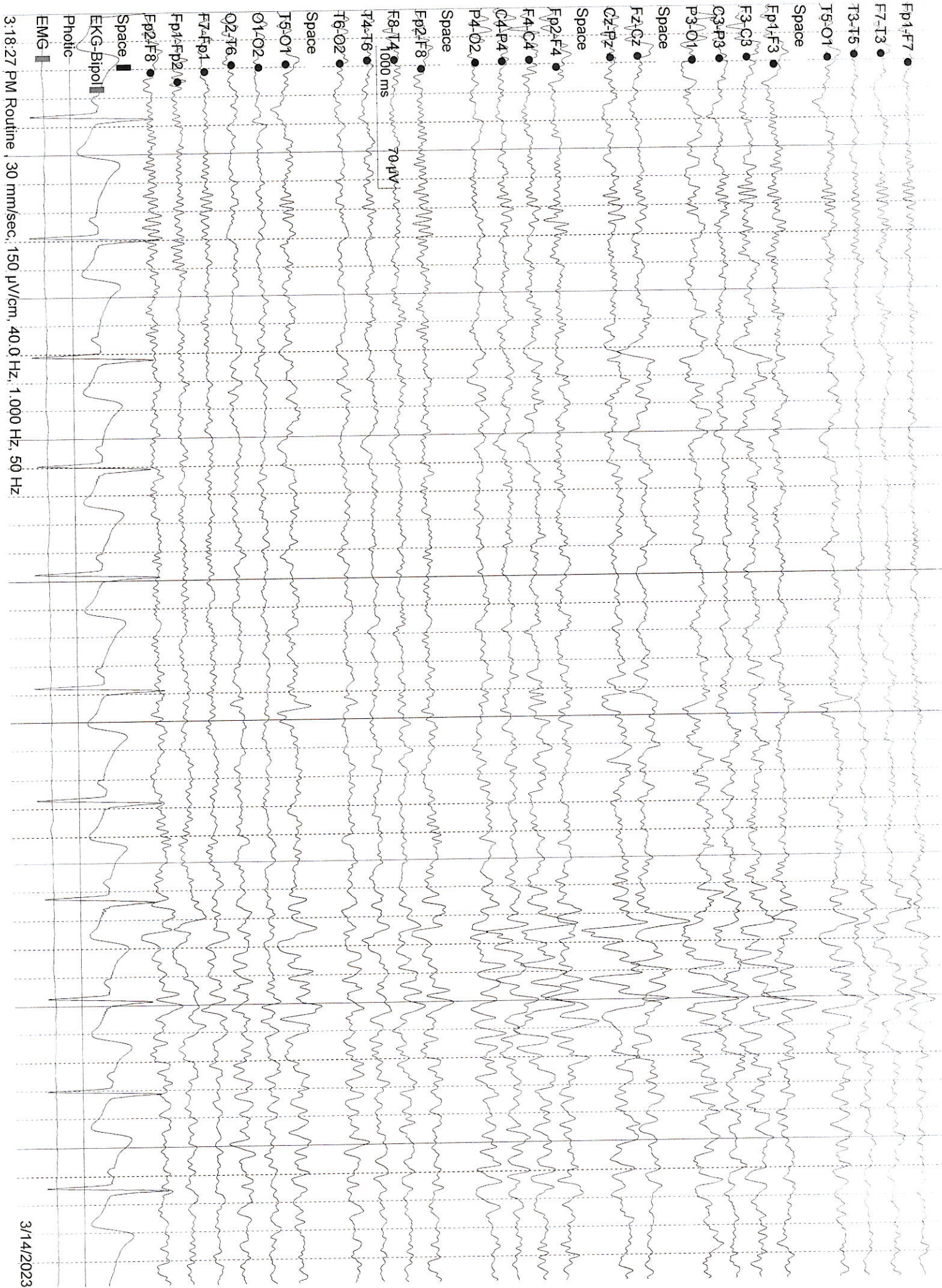


Photoic-16 Hz (00:10.0)

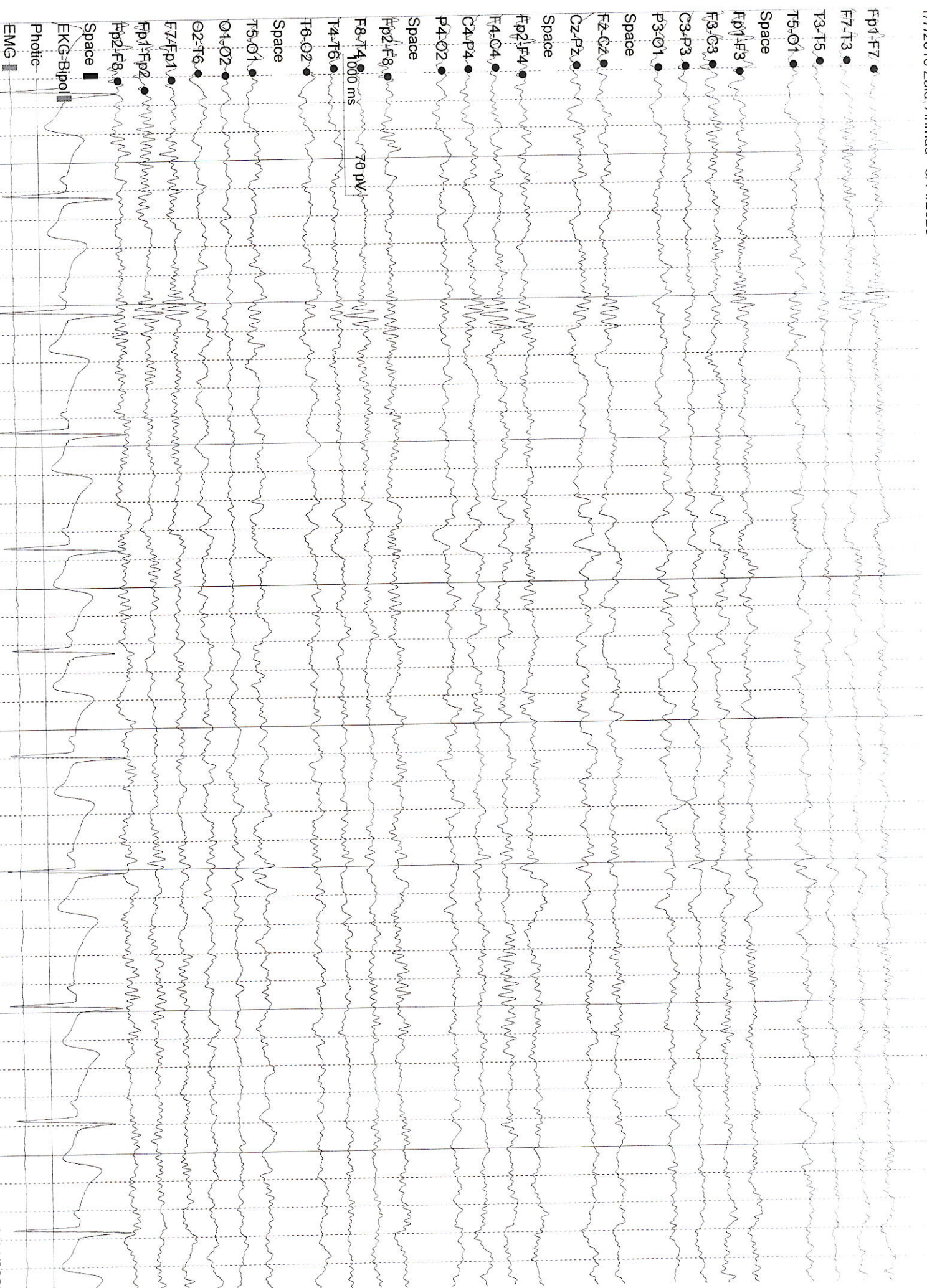


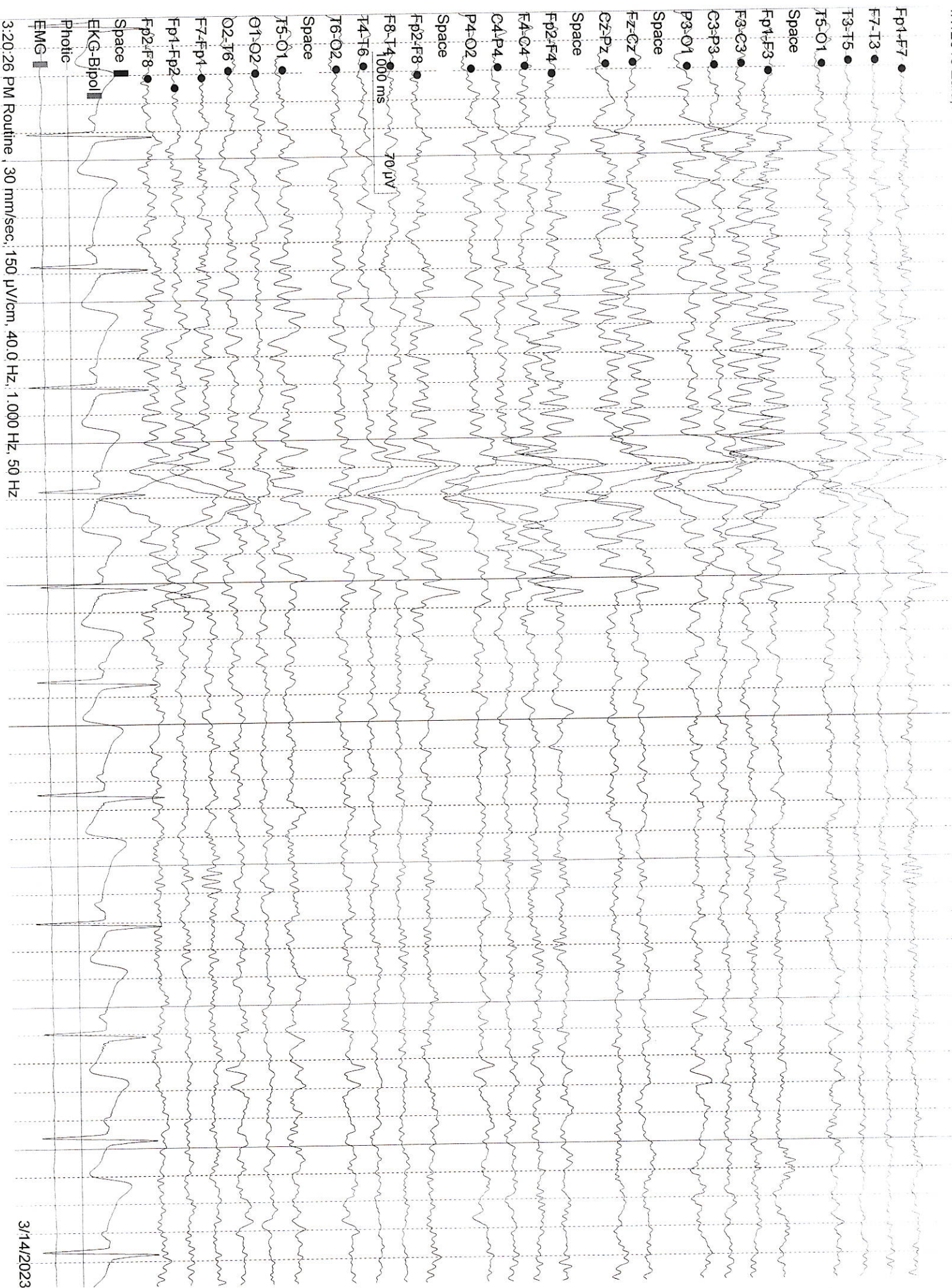
3:15:22 PM Routine, 30 mm/sec, 150 μ V/cm, 40.0 Hz, 1,000 Hz, 50 Hz

3/14/2023



3:18:27 PM Routine , 30 mm/sec, 150 µV/cm, 40.0 Hz, 1,000 Hz, 50 Hz





Hyperventilation (03:04.2)

