Sample Pattern 2 History and Questions (3 total questions)

A 10-year-old female had a first-time seizure out of sleep 2 days ago and is now undergoing a long-term 24-hour EEG to rule out seizure activity. Patient's mother had a history of Benign Rolandic Epilepsy of Childhood (BREC).

Medications: none

- 1. Based on 2012 ACNS EEG terminology, how is stage II/N2 sleep characterized in this EEG sample?
 - a. Absent and normal
 - b. Absent
 - c. Present and normal
 - d. Present but abnormal

Code: T3, K-43

- 2. Which description best describes this EEG sample?
 - a. This EEG is continuous, symmetric, and synchronous. The patient is reactive and stage II sleep was present and normal. No epileptiform discharges or patient events were captured.
 - b. This EEG is continuous, symmetric, and synchronous. The patient is reactive and stage II sleep was present and normal. Occasional generalized SW discharges with a spiky morphology were seen in the central temporal head regions. No patient events were captured.
 - c. This EEG is continuous, symmetric, and synchronous. The patient is reactive and stage II sleep was present but abnormal. Occasional generalized SW discharges with a spiky morphology were seen in the central temporal head regions. No patient events were captured.
 - d. This EEG is continuous, symmetric, and synchronous. The patient is reactive, and stage II was present and normal. Frequent generalized SW discharges with a spiky morphology were seen in the central temporal head regions. No patient events were captured.

Code: T3, K-39

- 3. Based on the history, if the patient had BREC, what medication would most likely be used for this patient for treatment?
 - a. Trileptal (oxcarbazepine)
 - b. Depakote (divalproex sodium)
 - c. Luminal (phenobarbital)
 - d. Ketogenic Diet

Code: T1, K-4

References: https://www.hopkinsmedicine.org/health/conditions-and-

diseases/epilepsy/benign-rolandic-epilepsy

 $\underline{\text{https://www.epilepsy.com/learn/types-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-epilepsy-syndromes/childhood-ep$

centrotemporal-spikes-aka-benign-rolandic-epilepsy