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颅内埋藏电极脑电图监测在难治性婴儿痉挛症外科到:

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Title: Intracranial electroencephalogram monitoring in intractable infantile spasm

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关键词: 难治性婴儿痉挛症; 致痫灶; 颅内脑电图

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摘要: 目的 探讨颅内埋藏电极脑电图(intracranialelectroencephalogram, iEEG)在难治性婴儿痉挛症(intractable infantile spasms, IIS)外科中的应用。方法 无创检查定位困难的IIS 18例,采用双侧颅内硬膜下电极,其中14例同时在颅外安装头皮电极,行长程视频脑电图监测。根据术后病理及随访结果分析iEEG监测对IIS的定位价值,并与头皮脑电图(scale electroencephalogram, sEEG)对比其特点。结果 在iEEG上仅7例脑电图特征同sEEG,表现为典型高度失律或变异失律,其余11例未见失律,为后半球异常或局灶、单侧发放。iEEG定位9例为单侧局灶起源,5例明确为双侧起源但以一侧优势,4例难辨别。14例接受开颅手术治疗。术后随访1~3年,疗效按Engel的标准评定,效果优良(Engel I+II级)为78.6%(11/14),无感染等严重并发症发生。结论 颅内埋藏电极脑电图能使无创检查定位困难的77.8%的IIS准确定位并获得满意手术疗效。sEEG上出现的高度失律并非真正的全脑性放电,iEEG发作期记录到皮层恒定的局灶改变提示症状性或隐源性IS的可能,其痫灶起源于皮层。

Abstract: Objective To explore the application of intracranial electroencephalogram

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(iEEG) monitoring in intractable infantile spasm (IIS). **Methods** Long-term video-iEEG monitoring with subdural electrodes was applied to determine the epileptogenic zones and EEG characteristics of 18 patients with IIS whose epileptogenic zone could not be located by MRI, and 14 of the 18 patients were given video-scale electroencephalogram (sEEG) monitoring at the same time. The accuracy of epileptogenic zone localization by iEEG monitoring was evaluated based on postoperative pathological examination and clinical follow-up, and was also compared with that by sEEG monitoring. **Results** Hypsarrhythmia or variant hypsarrhythmia were shown in 7 patients by both iEEG and sEEG monitoring, while 11 patients displayed abnormalities in posterior hemisphere or focal unilateral discharge rather than hypsarrhythmia. The iEEG monitoring results showed focal unilateral epileptogenesis in 9 patients, bilateral epileptogenesis with lateralization in 5 patients, and undetermined localization in 4 patients. Fourteen patients were given corpus callosotomy. The postoperative follow-up for 1-3 years showed Engel Class I and Class II outcomes in 11 patients (11/14, 78.6%), and no severe complication occurred. **Conclusion** The epileptogenic zone of 14 IIS patients that can not be located by MRI can be determined by iEEG, and the identification ratio is 77.8%. The hypsarrhythmia shown by sEEG is not a real generalized discharge, and focal abnormalities in cortex observed by iEEG during epileptic seizure indicate symptomatic IIS or cryptogenic IIS. Intracranial electroencephalogram is an approach to recognize and treat IIS in future.

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