Clinical commentary

Epileptic Disord 2016; 18 (3): 324-8

Electroclinical phenotypes and outcomes in *TBC1D24*-related epilepsy

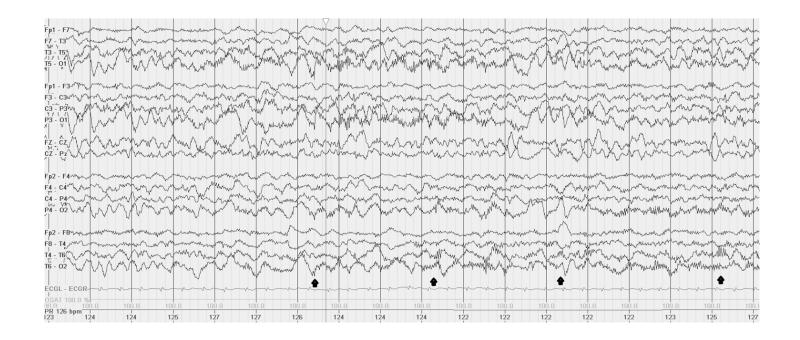
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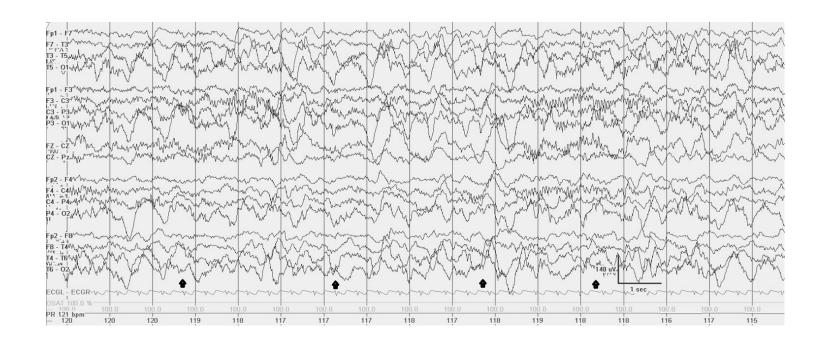
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Supplementary figure 1. (A) While awake, Patient I's right arm twitching correlated with increased delta activity in both hemispheres, with a subtle increase of slowing in the left relative to the right, with infrequent multifocal spikes.

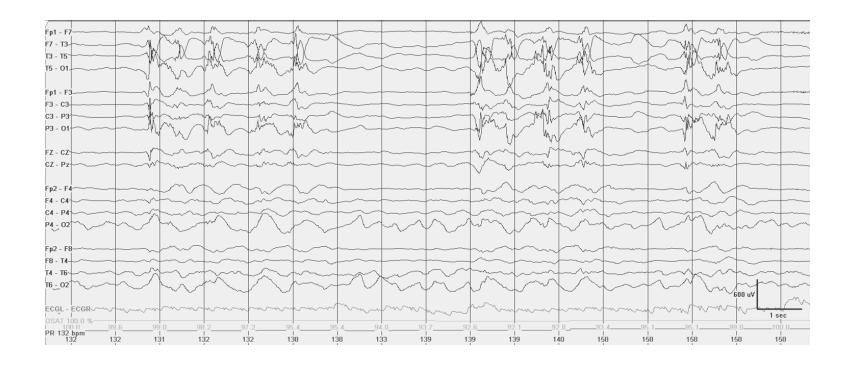




Supplementary figure 1.

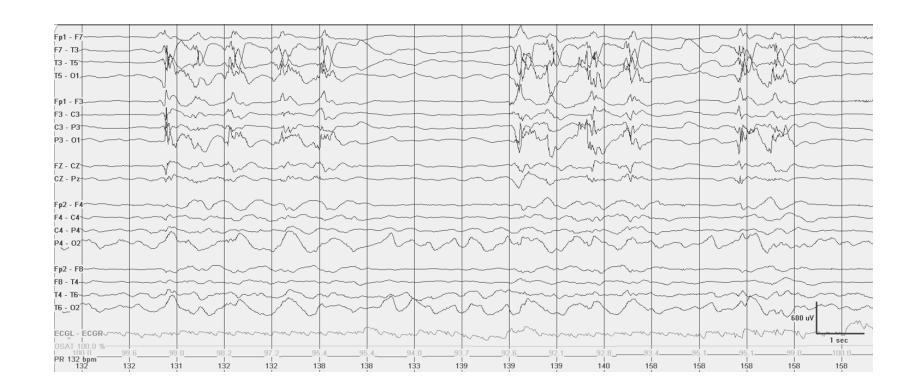
(B) While in stage II sleep with evidence of sleep spindles, delta activity persisted with continued unilateral arm twitching. This nattern is consistent with epilepsia partialis ontinua. Twitching is marked with an arrow.

Disorders



Supplementary figure 2. Periodic lateralizing epileptiform discharges in Patient I.







Supplementary figure 3. Right hemispheric status epilepticus in Patient II. (A): Rhythmic delta activity is initially present in the right temporal region [T6].



Supplementary figure 3.

(**B**) Right temporal activity evolves towards a burst suppression pattern.

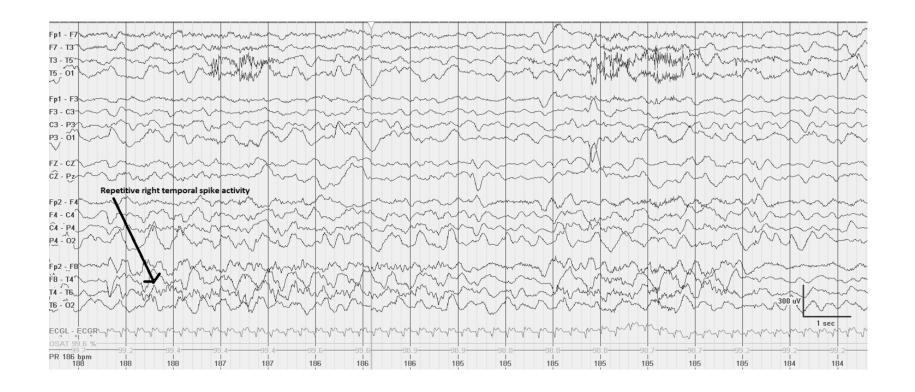




Supplementary figure 3.

(**C**) Ictal pattern further evoles to repetitive right temporal spikes.





Supplementary figure 4. Myoclonic status epilepticus in Patient II. (A) Interictal pattern with abundant central midline now low-amplitude spikes without associated myoclonus.

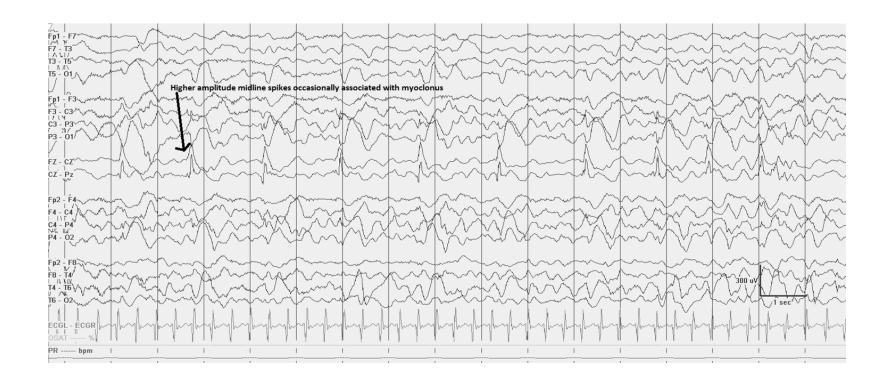




Supplementary figure 4.

(**B**) Ictal pattern emerges with higheramplitude midline spikes, occasionally associated with cortical myoclonus.





Supplementary figure 4.

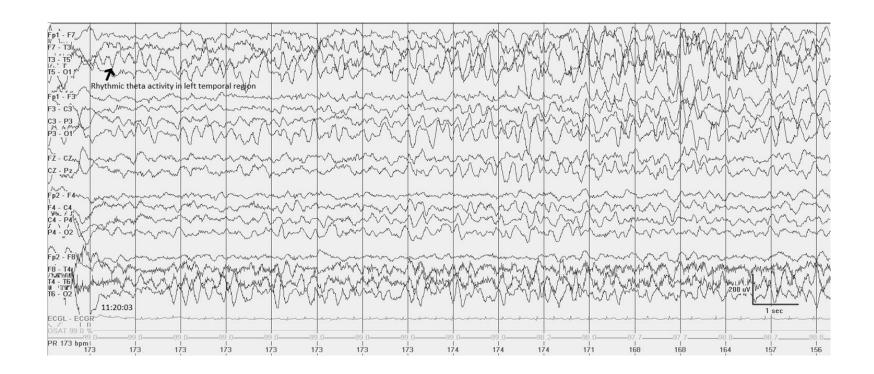
(**C**) Myoclonic status epilepticus pattern emerges with cortical periodic myoclonic leg movements at 0.5 Hz.





Supplementary figure 5. Non-convulsive migrating seizure with oxygen desaturation in Patient III. (A) Rhythmic theta activity in the left temporal region.

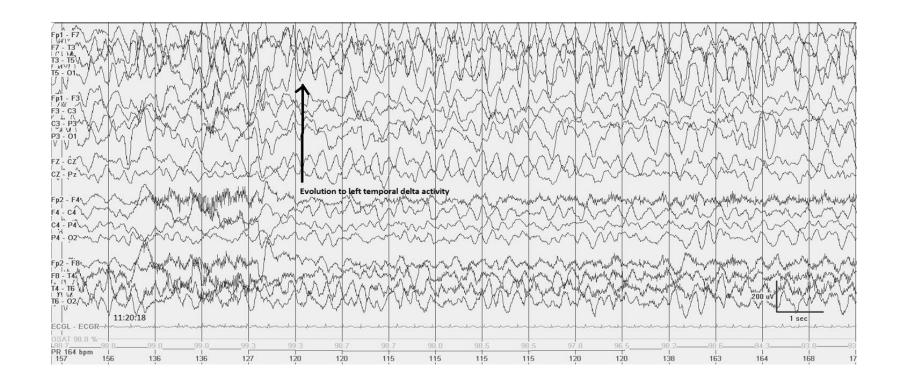




Supplementary figure 5.

(B) this evolves to increased delta activity in left temporal regions.

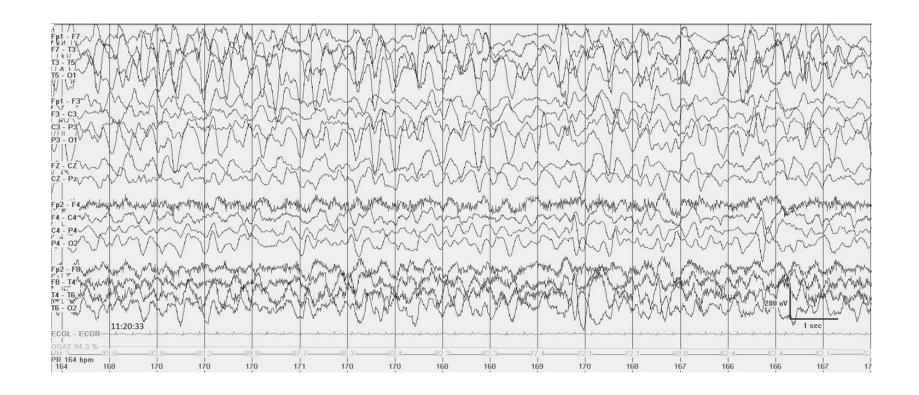




Supplementary figure 5.

(C) this evolves to increased delta activity in left temporal regions.

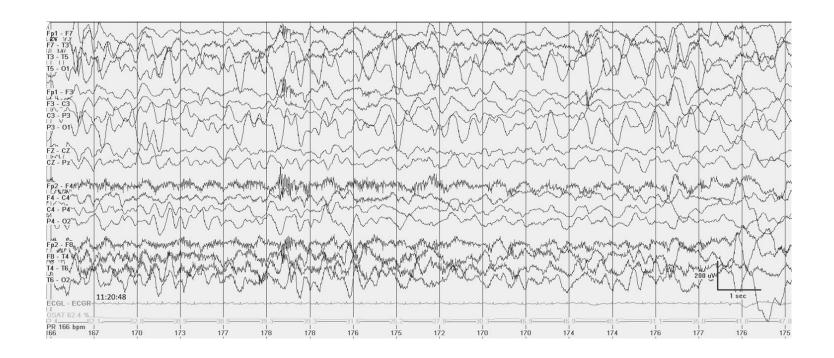




Supplementary figure 5.

(**D**) this evolves to increased delta activity in left temporal regions.

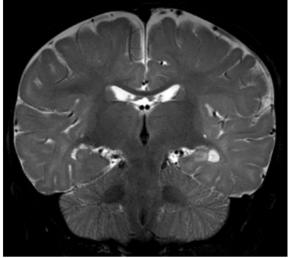




Supplementary figure 6. (A) Coronal sequences of left hippocampal atrophy with T2 signal hyperintensity in Patient IV.







Supplementary figure 6.

(**B**) Axial sequences of left hippocampal atrophy with T2 signal hyperintensity in Patient IV.

