## **Clinical commentary**

Epileptic Disord 2017; 19 (3): 339-44

## Pharmacoresistant epileptic eyelid twitching in a child with a mutation in SYNGAP1

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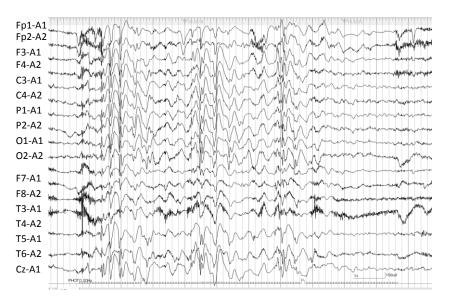
Received February 28, 2017; Accepted April 20, 2017



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- *SYNGAP1* gene mutation has been reported to result in a phenotype of intellectual disability, associated with generalized epilepsy, which is often pharmacoresistant (Berryer et al., 2013; Mignot et al., 2016).
- Mignot *et al.* described three patients with eyelid myoclonia among 16 with *SYNGAP1* gene mutations (Mignot et al., 2016).
- The characteristics of eye phenomena may provide useful diagnostic information for patients with *SYNGAP1* mutations.





Ictal EEG of the present patient during photic stimulation at a frequency of 20 Hz revealed diffuse spike-and-wave activity, simultaneous with motion arrest, unresponsiveness, upward eye deviation, and intermittent eyelid twitching, lasting for several seconds.

Note the posterior predominance of spike-wave bursts, which is in contrast to the frontal predominance of ictal spike-wave bursts in childhood absence epilepsy (CAE) and eyelid myoclonia with absences (EMA).

## References

Mignot C, von Stülpnagel C, Nava C, et al. Genetic and neurodevelopmental spectrum of SYNGAP1-associated intellectual disability and epilepsy. J Med Genet 2016; 53: 511–22.

Berryer MH, Hamdan FF, Klitten LL, et al. Mutations in SYNGAP1 cause intellectual disability, autism, and a specific form of epilepsy by inducing haploinsufficiency. Hum Mutat 2013; 34: 385–94.



- Epilepsy appears more pharmacosensitive in patients with mutations in exons 4-5 than in patients with mutations in exons 8–15, possibly related to a residual action of an isoform lacking exons 4-5 (Mignot *et al.*, 2016).
- The c.3583-6 G>A mutation in our patient was located in intron 16, in agreement with this hypothesis, which may further expand the pharmacoresistant locus at the 3' end.
- Seizures were refractory to carbamazepine and levetiracetam, but were reduced in frequency by ethosuximide and lamotrigine administration in the present patient.

