

Supplementary table. Case reports after the first description of POMA in 1994 (Panayiotopoulos et al., 1994.)

Case report	Age/ Gender	Age at onset of seizures	Seizure types	Ictal EEG correlate of POMA	Effective AEDs	Psychomotor development	Aggravation due to use of inappropriate AED	Brain MRI
Clemens et al., 1997	9 years/ Female	2 years	POMA GTCS	2.5-Hz generalized spike-and-wave discharges	Valproate plus lamotrigine	Normal	-	-
Bilgic et al., 2001	17 years/ Male	1.5 years	POMA GTCS Absence status epilepticus	3-Hz generalized spike-and-wave discharges	Valproate	Normal	Yes	Mild ventricular enlargement
Baykan et al., 2005	31 years/ Male	Childhood	POMA GTCS Absence status epilepticus	3-Hz generalized spike-and-wave discharges	Valproate	Mild intellectual disability	Yes	Mild diffuse atrophy
d'Orsi et al., 2011	47 years/ Male	2 years	POMA GTCS Absence status epilepticus	3-4-Hz spike/polyspike-and-wave discharges	Valproate plus lamotrigine	Mild intellectual disability (perinatal insult)	Yes	Frontal atrophy
Vrielynck et al., 2011	13 years/ Male	3 years	POMA GTCS Absence status epilepticus	2.5-4-Hz generalised spike-and-wave discharges	Levetiracetam	Normal	Yes	Normal
Kamate et al., 2012	14 years/ Female	12.5 years	POMA GTCS Absence status epilepticus	3-4-Hz generalized spike-and-wave discharges	Valproate plus levetiracetam	Normal	Yes	-
Surmeli et al., 2018	52 years/ Male	6 years	POMA GTCS	3-4-Hz spike/polyspike-and-wave discharges	Valproate, lamotrigine plus topiramate	Normal	-	Normal
Bourcy et al., 2013	9 years/Male	Unknown	POMA	Generalized frontal dominant	Valproate	Normal	No	Normal
	11 years/ Male		POMA with uprolling of eyes;		Lamotrigine, levetiracetam	Normal; obesity; family history	No	Normal

Sharma et al., 2013	12 years/ Male	10 years	POMA, GTCS	Generalized 3 Hz	Unknown	Normal	Yes	Normal
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Panayiotopoulos CP, Ferrie CD, Giannakodimos SE, Robinson RO. Perioral myoclonia with absences: a new syndrome. In: Wolf P, editor. Epileptic seizures and syndromes. London: John Libbey;1994. p. 143–53.

Clemens B. Perioral myoclonia with absences? A case report with EEG and voltage mapping analysis. Brain Dev.1997; 19: 353-8.

Bilgic, B, Baykan B, Gürses C, Gökyigit A. Perioral myoclonia with absence seizures: a rare epileptic syndrome. Epileptic Disord 2001; 3: 23-7.

Baykan B, Noachtar S. Perioral myoclonia with absences: An overlooked and misdiagnosed generalized seizure type. Epilepsy Behav. 2005; 6: 460–2.

D’Orsi G, Demaio V, Trivisano M, et al. Ictal videopolygraphic features of perioral myoclonia with absences. Epilepsy Behav. 2011; 21: 314-7.

Vrielynck, P., Rostomashvili, N., Degroote, E., Ghariani, S. & Van Rijckevorsel, K. 2011. Perioral myoclonia with absences and myoclonic status aggravated by oxcarbazepine. Epileptic Disord. 13, 308-12.

Kamate M, Patil P, Mittal M. Perioral myoclonia with absences: A case report. J Pediatric Epilepsy 1 (2012) 59–63.

Surmeli R, Kurucu H, Yalcin AD, Yeni SN. A case of perioral myoclonia with absences and its evolution in adulthood? Epileptic Disord. 2018 ;20:195–9.

Bourcy E, Leroy P, Dubru JM, Perioral myoclonia syndrome with absences: about 2 cases. Rev Med Liege 2013;68:537-41.

Sharma S, Jain P, Aneja S, Teaching video neuroimages: perioral myoclonia with absences in a 12-year-old boy. Neurology 2013;18:e116.