

# The importance of semiological information based on epileptic seizure history

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# Basic principles

- Semiology is the backbone of any correct categorization of seizures, as epileptic or not, focal or bilateral, and is fundamental to elucidating how they are anatomically generated in the brain.
- A diagnostic and anatomical hypothesis derived from seizure history is the precondition for optimally designed ancillary studies.
- Subjective symptoms and visible signs of seizures are equally important sources of information.
- The first subjective symptom (aura) is often the anatomical clue, but observations from witnesses can be of decisive diagnostic importance.

# Taking patient history

- Interview techniques need to be carefully considered to optimize the information derived from patients' self-reports.
- These include starting with open-ended questions that may be followed by more focused exploration.
- The linguistic structure of patient reports may be highly relevant to differential diagnosis.
- A complete seizure history includes syndromic features and possible triggers of seizures.

# Focal versus bilateral ("generalized")

- The distinction between focal vs. "generalized" and system epilepsies is particularly important for treatment (choice of drugs, possible surgery).
- Absence of any visible or reported local signs and symptoms at onset may suggest a primarily bilateral ("generalized") seizure but does not prove it.
- Seizures in both types of epilepsy can have a local onset. In focal epilepsies, this is typically followed by a sequence of signs and symptoms representing *individual* seizure propagation.
- In "generalized" and system epilepsies, this is typically followed by a *generic* semiology that is syndrome-specific.