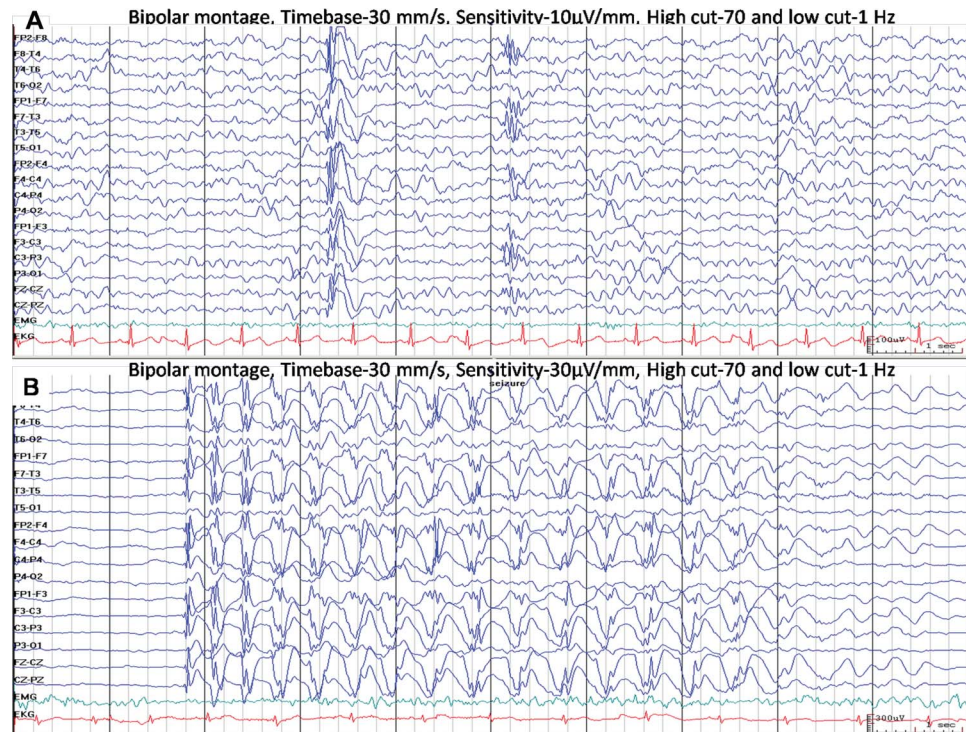


# Teaching Video NeuroImages: Perioral myoclonia with absences in a 12-year-old boy



**Figure** EEG of the child with perioral myoclonia with absences



(A) The interictal awake record shows bilateral frontal spike-wave discharges with generalization, with normal background. (B) The ictal record (semiology in the video) shows generalized 3-Hz spike-and-wave discharges lasting for 6 seconds with frequent irregularities in the number of spikes in the spike-wave complex and in the spike amplitude. The photic stimulation and hyperventilation did not reveal any additional abnormalities (not shown in the figure).

A previously normal 12-year-old boy presented with 2 episodes of generalized tonic-clonic seizures in the past month. The parents also noticed brief episodes of twitching of the mouth for the last 2 years, which increased in frequency after treatment with oxcarbazepine. Examination and neuroimaging were normal. The seizure semiology (see the video on the *Neurology*<sup>®</sup> Web site at [www.neurology.org](http://www.neurology.org)) and EEG (figure) were suggestive of perioral myoclonia with absences. Brief episodes of absences (2–9 seconds) with perioral myoclonia, infrequent generalized tonic-clonic seizures, and frequent occurrence of absence status epilepticus should suggest the diagnosis.<sup>1</sup> The interictal EEG may reveal focal abnormalities that may lead to a misdiagnosis of a focal epilepsy. The seizures may be treatment-resistant and oxcarbazepine must be avoided.<sup>2</sup>

## AUTHOR CONTRIBUTIONS

Drs. Sharma and Jain provided the clinical care to the patient under the supervision of Dr. Aneja. Drs. Jain and Sharma drafted the manuscript, which was read and approved by all the authors.

## STUDY FUNDING

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## DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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## Teaching Video *NeuroImages*: Perioral myoclonia with absences in a 12-year-old boy

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attention.<sup>2</sup> Fortunately, these vascular events appear to be a rare adverse effect associated with seizure activity.

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2. Young CA, Chadwick DW, Humphrey PR. Extracranial vertebral artery dissection following tonic clonic seizure. *J Neurol Neurosurg Psychiatry* 1991;54:365–366.

### CORRECTIONS

#### **Ross syndrome: A lesson from a monozygotic twin pair**

In the Clinical/Scientific Note “Ross syndrome: A lesson from a monozygotic twin pair” by M. Nolano et al. (*Neurology*® 2013;80:417–418), there is an error in Vincenzo Donadio’s affiliations, which should have read: IRCCS Institute of Neurological Sciences, Bologna, Italy. The authors regret the error.

#### **High pro-BNP levels predict the occurrence of atrial fibrillation after cryptogenic stroke**

In the article “High pro-BNP levels predict the occurrence of atrial fibrillation after cryptogenic stroke” by M. Rodríguez-Yáñez et al. (*Neurology*® 2013;81:444–447), there is an error on page 445. The confidence interval of the patients who developed atrial fibrillation should read as follows: (1,140 [486–2,118] vs 220 [72–652] pg/mL,  $p < 0.0001$ ). The authors regret the error.

#### **Vitamin B<sub>6</sub>-responsive epilepsy due to inherited GPI deficiency**

In the Clinical/Scientific Note “Vitamin B<sub>6</sub>-responsive epilepsy due to inherited GPI deficiency” by I. Kuki et al. (*Neurology*® 2013;81:1467–1469), there is an error in “Results and discussion.” The second mutation in the third sentence should read as follows: c.2497\_2498del. The authors regret the error.

#### **Teaching Video NeuroImages: Perioral myoclonia with absences in a 12-year-old boy**

In the article “Teaching Video NeuroImages: Perioral myoclonia with absences in a 12-year-old boy” by S. Sharma et al. (*Neurology*® 2013;81:e116), there is an error in the main text paragraph. The word “oxcarbamazepine” should have been spelled as follows: oxcarbazepine. The authors regret the error.

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Author disclosures are available upon request ([journal@neurology.org](mailto:journal@neurology.org)).