Teaching NeuroImages: New-onset focal epilepsy

The curious case of the camel and the jawbone

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Figure 1 CT and MRI reveal superior displacement of the left mandibular condyle into the left middle cranial fossa, with associated gliosis involving the fusiform and inferior temporal gyri

A 54-year-old right-handed woman was referred for evaluation of drug-resistant epilepsy. At age 16, while riding in a park in Perth, Western Australia, she had been thrown from her horse, which had been startled by a rogue camel. There was no significant head injury but the patient subsequently noted a “clicky” jaw. At age 37, she developed recurrent episodes involving a sense of disconnection followed by dysphasia.

Imaging confirmed displaced mandibular condyle with associated gliosis as the epileptogenic focus (figures 1 and 2). Seizures related to displacement of the temporomandibular joint into the temporal lobe have been reported, but not as a result of trauma.¹

AUTHOR CONTRIBUTIONS

James Triplett: case concept and design, acquisition of data. Nicholas Lawn: acquisition of data, critical revision, study supervision. Rob Edis: acquisition of data, critical revision.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

REFERENCE

1. Clarke HA, Ojemann GA, Yerby MS. Complex partial seizures associated with a temporomandibular joint defect. *Epilepsia* 1988;29:297–299.

Figure 2 EEG recorded in longitudinal bipolar montage shows left temporal epileptiform abnormalities

Sensitivity 10 mV, LF filter 0.5, HF filter 70.

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