A 43-year-old man with bihemispheric periventricular nodular heterotopia had medically intractable multifocal epilepsy and seizure-related falls. Video-EEG recorded a seizure with ictal asystole, EEG attenuation, and loss of postural tone, reflective of cerebral hypoperfusion (figure 1). After pacemaker implantation, EEG recorded a seizure with ictal cardiac pacing, without EEG attenuation (figure 2). His falls resolved. Antiseizure medications and epilepsy surgery can control seizures and ictal asystole. For individuals with intractable epilepsy and ictal asystole who are poor surgical candidates, pacemaker implantation is indicated to prevent injury and any potential contribution of ictal asystole in sudden unexpected death in epilepsy.

**Disclosure**

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

**Study funding**

No targeted funding reported.
References


Figure 2 Left temporal onset seizure and ictal cardiac pacing

Left posterior temporal onset seizure, with right temporal spread, loss of normal cardiac rhythm, and onset of paced cardiac rhythm lasting 17 seconds.

Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Role</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Gregg, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Conceptualized the article, analyzed the data, drafted the manuscript for intellectual content</td>
</tr>
<tr>
<td>Kate Hocquard, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Data collection, drafting and revision of manuscript</td>
</tr>
<tr>
<td>David Burkholder, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Data collection, drafting and revision of manuscript</td>
</tr>
<tr>
<td>Terrence Lagerlund, MD</td>
<td>Mayo Clinic, Rochester, MN</td>
<td>Author</td>
<td>Data collection, drafting and revision of manuscript</td>
</tr>
</tbody>
</table>
Teaching NeuroImages: Medically intractable epilepsy and ictal asystole treated with cardiac pacing
Nicholas M. Gregg, Kate W. Hocquard, David B. Burkholder, et al.
Neurology 2019;92:e2510-e2511
DOI 10.1212/WNL.0000000000007546

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