A 72-year-old woman with alcohol use disorder (last drink 1 week prior) and no seizure history was admitted with encephalopathy. Admission MRI demonstrated focal, edematous T2 FLAIR hyperintensities (Figure 1), and EEG showed abundant lateralized periodic discharges (LPDs) (Figure 2). Evaluation for other etiologies was negative. Treatment with multiple antiseizure medications (ASMs) led to significant clinical and radiographical improvement.

Subacute encephalopathy with seizures in alcoholics (SESA) is an underdiagnosed disorder in chronic alcoholics. EEG may show focal epileptiform activity or status epilepticus. SESA can be distinguished from alcohol withdrawal seizures because of the focality and timing: occurring either before or after the classic withdrawal period. Improvement can be achieved with prompt ASM initiation.

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**Disclosure**
The authors report no relevant disclosures. Go to Neurology.org/N for full disclosures.
Figure 2 EEG

(A) Initial EEG demonstrating lateralized periodic discharges (LPDs) maximal in the right frontocentral region on anterior-posterior longitudinal bipolar montage. (B) After treatment, EEG showing improvement.

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Appendix

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<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimmy Suh, MD</td>
<td>Department of Neurosurgery, Emory University Hospital, Atlanta, GA</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; and analysis or interpretation of data</td>
</tr>
<tr>
<td>Denise Chen, MD</td>
<td>Department of Neurology, Emory University Hospital, Atlanta, GA</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content, and analysis or interpretation of data</td>
</tr>
<tr>
<td>Catherine Albin, MD</td>
<td>Department of Neurosurgery, Emory University Hospital, Atlanta, GA</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content; study concept or design; and analysis or interpretation of data</td>
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