Teaching NeuroImage: Low-Frequency Photoparoxysmal Response in a Patient With Neuronal Ceroid Lipofuscinosis Type 2

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A 17-year-old male with neuronal ceroid lipofuscinosis (NCL) type 2 (CLN2) had an electroencephalogram (EEG). Photoparoxysmal response (PPR) was seen at 2 Hz (Figure). PPR refers to generalized spike-wave discharges elicited by intermittent photic stimulation (IPS), and may occur in epilepsy syndromes including juvenile myoclonic epilepsy and Dravet syndrome.\(^1,2\) However, low-frequency (<5 Hz) PPR (LFPPR) is only reported in a few conditions, including Lafora disease, mitochondrial disorders, Creutzfeldt-Jakob disease and NCL, most frequently CLN2, CLN5 and CLN6.\(^1,2\) NCL is a group of progressive neurodegenerative disorders characterized by developmental impairment, cognitive decline, seizures, progressive visual impairment and motor dysfunction. Neuroimaging features include progressive cerebral and
cerebellar atrophy, and thalamic and periventricular white matter signal abnormalities. IPS is an important test as identification of LFPPR could enable early NCL diagnosis, which is critical given that early administration of enzyme replacement therapy can reduce the rate of disease progression.

**Figure Caption**

**Figure - Longitudinal bipolar montage EEG during photic stimulation**

Light flash timing is shown at bottom of figure. During 2 Hz stimulation, grade 4 photoparoxysmal response is seen (spike-wave discharges maximal over posterior head regions). Spike-wave activity increased during the remainder of photic stimulation, but was less clearly time-locked to light flashes.

http://links.lww.com/WNL/C740
References


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