

Telemetry meeting report

Patient

Name: **Albert Ze**

DOB: **1/5/56**

Number: **123456789**

Handed: **Left**

Consultant: **Dr Eriksson**

Referrer: **Salazar**

Summary of investigations

EEG ☒ MRI ☒ fMRI ☐

VT ☒ MEG ☐ fMRI-EEG ☐

Psychology ☐ FDG-PET ☐ Intracranials ☒

Psychiatry ☐ Ictal SPECT ☐ Wada ☐

Decision: Not for resection

Antecedent history

Abnormal pregnancy? ☐ fell from 3 storeys, LOC 2 days aged 3

Abnormal delivery? ☐

Febrile convulsions? ☐

Childhood head injury? ☒

Childhood CNS infections? ☐

Delayed milestones? ☐

Clinical details

besides HI, normal development.
First seizures aged 13 as below - no change

Current events

1	Classification:	Gelastic seizure >
	Description:	gelastic
	Lateralizing signs:	post ictal nose wiping L hand
	Duration:	30 seconds
	Frequency:	10 /day
	Post-ictally:	confused 5 minutes
	Triggers:	alcohol

2	Classification:	Bilateral visual aura > Psychic aura > Left arm leg tonic/clonic seizure >
	Description:	remembers shaking on the left
	Lateralizing signs:	L arm tonic: R hemisphere
	Duration:	10 seconds to 5 minutes
	Frequency:	monthly
	Post-ictally:	quick recovery
	Triggers:	?

Background

Injuries? ☐

Status? ☐

PMH head injury, TB, hypermobility

PsychH depression with suicidal ideation aged 19

FH

SH smoker, alcohol 13 units/week, occasionally marijuana

Drugs

Name	Current dose	Previous dose	Comments
Carbamazepine	600mg BD		
Clobazam	20mg TDS		
Valproate	800mg, 600mg		
Levetiracetam	1g BD		

Examination

General Abnormal: clubbing

Neurological Abnormal: L MRC grade 4/5 weakness

Investigations

Modality	Status	Date, Place, & Report
EEG	Abnormal	ditto
VT	Abnormal	abnormal VT report very complicated
MRI	Abnormal	R frontal gliosis
fMRI	Not done	
fMRI-EEG	Not done	
FDG-PET	Not done	
MEG	Not done	
Ictal SPECT	Not done	
Psychology	Not done	
Psychiatry	Not done	
Intracranials	Done	R frontal but also ?separate L insula onset - no clinical correlates reported but patient has dialpetic episodes
Wada test	Not done	
Other tests		

Discussion

Chaired by Previously discussed ? ☐

Attended by members of the MDT and...

Dr Baxendale	<input type="checkbox"/>	Prof. Brownstone	<input type="checkbox"/>	Dr Diehl	<input type="checkbox"/>
Prof. Duncan	<input checked="" type="checkbox"/>	Dr Eriksson	<input type="checkbox"/>	Dr Foong	<input type="checkbox"/>
Dr Heaney	<input checked="" type="checkbox"/>	Mr McEvoy	<input type="checkbox"/>	Dr Misserocchi	<input type="checkbox"/>
Prof. Koepp	<input type="checkbox"/>	Dr O'Sullivan	<input type="checkbox"/>	Dr Rugg-Gunn	<input checked="" type="checkbox"/>
Prof. Sander	<input type="checkbox"/>	Prof. Sander	<input type="checkbox"/>	Prof. Shorvon	<input type="checkbox"/>
Prof. Sisodiya	<input type="checkbox"/>	Dr Thompson	<input type="checkbox"/>	Prof. Walker	<input type="checkbox"/>
Dr Wehner	<input type="checkbox"/>				

The above investigations were reviewed in detail with special attention to the following:

Conclusion

Presumed epileptogenic zone:

multifocal

Plan of action:

review in clinic

Outcome: Not for resection

Authors

Prepared by:

Reviewed by: Dr Eriksson

Reviewed and locked by: