

## **SEIZURE, DYSTONIA OR SOMETHING ELSE? – CASE REPORT**

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We report on an unusual phenotype of temporal lobe epilepsy (TLE).

A right-handed 20-year old female student was referred to our outpatient unit. She developed motor paroxysms at age of 8, which were appearing several (up to 7-8) times daily and hindered her normal motion. She never lost her consciousness. Described the phenomena as a strange tension in her right leg, than she lost control over this limb and the left lower extremity was also affected. A phone video recording confirmed the reported semiology. Other complaints: rare menstruation.

Therapeutic attempt: calcium channel blocker failed to release the symptoms. At age 19 lamotrigine was introduced, the paroxysms were not visible, but she reported tension in her right leg up to 3 times daily. After cessation of lamotrigine the phenomena came back.

Routine video-EEG: revealed interictal left temporal epileptic discharges. Brain MRI (1.5 T) was normal. Physical examination revealed normal neurological findings.

Differential diagnosis: paroxysmal dyskinesia, psychogenic origin. No clues to the other diagnoses were found. The diagnostic battery together with the history and clinical findings pointed to TLE. After lamotrigine was re-introduced and given in appropriate dose, she was seizure free. She was diagnosed by a gynecologist with primary amenorrhea.

TLE is characterized typically by special aura phenomena, partial seizures with and without loss of consciousness, and rare secondarily generalized seizures. Dystonia occurs only in 20-30% of TLE. Stormy and dystonic movements are more frequent in frontal lobe epilepsy, or point to a movement disorder. Accompanying complaints can help to differentiate.