Compared with the LOS, patients in EBOS had less frequent seizures with longer seizure duration. And more patients had nocturnal seizures. Patients in LOS had more visual symptoms (including hallucinations) and tended to secondary generalized tonic-clonic seizures. The discharges in occipital areas in LOS were easy to diffuse in EEG. All patients in EBOS were controlled with antiepileptic drug, but 5 patients (27.3%) in LOS were ineffective.

**Conclusion:** To distinguish EBOS from LOS, detail description and analyze of the age of onset, frequency and duration seizure, visual symptoms, EEG changes and therapeutic responses are essential.

0195

**First Seizure Clinic Experience: Heterogeneity Of Patient Population And Prognosis**

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**Background:** Around 4% of people experience one or more seizures in their lifetime. Only handful of studies examined the issue of first seizure, which presents unique challenges in terms of definitive diagnosis, prognosis and management. This study presents 5-year experience of a dedicated First Seizure Clinic run by Epileptologists.

**Method:** First Seizure Clinic was established at Royal Melbourne Hospital in 1999. A prospective database of all attendees to the clinic incorporating demographic, clinical, EEG, and neuroimaging data has been maintained since 2000. The data was comprehensively analyzed to define characteristics and outcomes of attendees to the clinic.

**Results:** Data was available for analysis in a total of 415 patients. People with existing diagnosis of epilepsy were excluded. Events were diagnosed as epileptic seizures in 525 (75%), as non-epileptic events in 58 (14%) and as uncertain in 31 (5%). Seizures were thought to be provoked in 79 (24%) and unprovoked in 246 (76%). Follow up data was available on 295 patients (89% of 325 people who presented with epileptic seizure) with median follow up of 175 days (25th, 75th percentile: 87-707 days) for all attendees to the clinic, and 244 (87-987) for those with epileptic seizure at presentation. Of patients with an unprovoked seizure, 56 (26%) had recurrent seizures. Median number of days to recurrent seizure was 227 (91-859). A lower recurrence rate was seen in patients with provoked seizure, 12 of 79 (15.1%), p = 0.049; Fisher exact test, one tailed.

**Conclusion:** At least a quarter of patients will have further seizures following presentation with first epileptic seizure. Seizure recurrence is less following provoked seizure. The data should provide useful information to the clinicians in counseling such patients.

0196

**Syndromic diagnosis of Epilepsy in the First Seizure Clinic population**

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**Background:** Syndromic diagnosis in patients presenting with a First Seizure is a controversial topic. Applying ILAE classification to 594 newly diagnosed cases of epilepsy in their National General Practice of Epilepsy Study, Mannford et al found that only 33.6% fit into diagnostic ILAE categories. King et al in their study were able to classify 51% of their cohort of 300 patients who presented with First Seizure. We investigated the proportion of patients in whom a Syndromic diagnosis could be made in our First Seizure population.

**Method:** A prospective database of First Seizure Clinic patients has been maintained in our hospital since 2000. 246 patients presenting with an unprovoked seizure were included in the study after excluding the following groups of patients: previous diagnosis of epilepsy, non-epileptic events, diagnosis of seizure uncertain and provoked seizures. The epilepsy syndrome diagnosis was made as per ILAE classification, based on clinical assessment by an epileptologist, EEG and neuroimaging.

**Results:** Syndromic diagnosis was made in 169 (69%) of 246 patients at the time of first seizure presentation. Our final diagnoses were: 52% (125) had Symptomatic/Cryptogenic partial epilepsy (ILAE 1.2 and 1.3), 15% (37) had Primary generalized epilepsy (ILAE 2.1), and 25% (62) had Symptomatic generalised epilepsy (ILAE 2.3.1). A syndromic diagnosis was not possible in 31% (77).

**Conclusion:** Epilepsy syndromic diagnosis is possible in the majority of the patients at the time of First Seizure presentation. Specialist review, careful clinical history, EEG and neuroimaging are essential in achieving such an outcome.

**References:**

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**Gustave Flaubert's Illness (Associated Epilepsy And Psychogenic Pseudoepileptic Seizures): Case Report**

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**Background:** Despite significant advances in epilepsy, the differential diagnosis of epileptic and psychogenic seizures continues to be a considerable challenge. The problem becomes even more complicated when epileptic and psychogenic pseudoepileptic seizures coexist in the same patient. The concept of “mixed seizures (epileptic and psychogenic pseudoepileptic)” was firstly reviewed by Gastaut in relation to Gustave Flaubert’s epilepsy, who is a French novelist of the realist school, best-known for his book’s name of MADAME BOVARY.

**Method:** We reported on a case of a 22 year old patient with mild neuropsychological impairment and seizures since the age of 3, who was sent to our service for differential diagnosis between epilepsy and psychogenic pseudoepileptic seizures. He was hospitalized for monitoring and confirming of diagnosis.

**Results:** Long term monitoring, interictal ictaliform discharges on electroencephalography and psychiatric assessment supported to associated epilepsy and psychogenic pseudoepileptic seizures. Epileptic seizures were treated by topiramate and valproate. Despite treatment by favouable polytherapy, his psychogenic pseudoepileptic seizures persisted, but, after 4 months of a comprehensive psychological treatment, including behavioural therapy and family orientation assessment set in.

**Conclusion:** The existence of epileptic and psychogenic pseudoepileptic seizures in the same patient is not rare and creates problems in diagnosis and management. The best way to establish diagnosis of epileptic and pseudoepileptic seizures of these patients is to apply long-term video EEG monitoring and psychiatric assessment.

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**Inhibitory effects of dantrolene on the acquisition of amygdaloid kindling in rats**

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