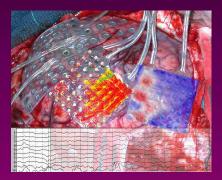
Patterns of EEG Coherence Across the Brain Surface



Vernon L. Towle, Ph.D.

Neurology and Surgery
The University of Chicago

Collaborators

The University of Chicago

Sozari Chkhenkeli, M.D., Ph.D.
John Ebersole, M.D.
Kurt Hecox, M.D.
Michael Kohrman, M.D.
John Milton, M.D., Ph.D.
Jean-Paul Spire, M.D.
Wim van Drongelen, Ph.D.
Maria Chico, R.N., C.P.N.P
Susan Hawes, R.EEG.T.
Arnetta Gray, R.EEG.T.
Laura Hoffman, B.S.
Liela Khorasani, B.S.
A. Maushard-Clark, R.N.
Diane Suarez, R.EEG.T.

Neuroscan, Inc.

Wayne Cote, M.S. Steve Sands, Ph.D.

Epilepsy in America

• 2.3 million epileptic patients in USA

(180,000 new cases each year)

2/3 can be managed medically

• 1 million medically intractable patients

75% have severe, multifocal epilepsy 250,000 potential surgical candidates

(There are only 1,500 epilepsy surgeries/year) (>90% remain inadequately treated)

The Epilepsy Surgery Work-up

After several days of non-invasive monitoring...

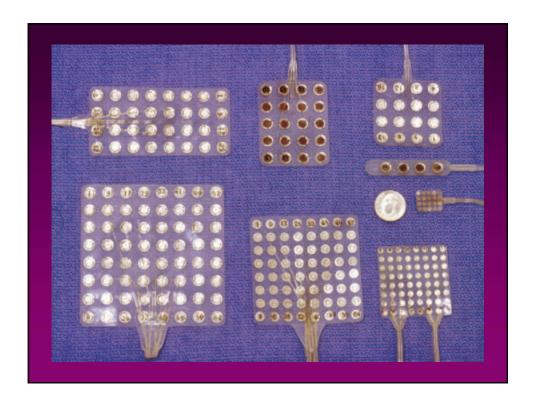
- Implantation of 50-200 electrodes
- Recording 3-14 days/nights of EEG (@ 400 Hz/ch)
- Catching > 5 stereotyped seizures
- Analysis and identification/resection of the epileptogenic zone

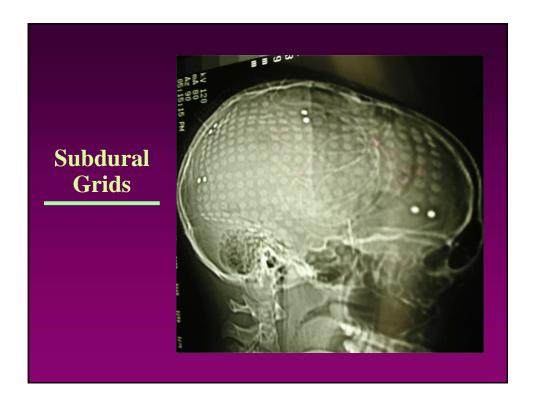
Epileptic Brain Regions

- *Epileptogenic Lesion:* The structural pathology that directly causes the seizures (CT/MRI, tissue pathology).
- *Ictal Onset Zone:* The area of cortex that initiates seizures (EEG).
- *Epileptogenic Zone:* The total area that must be removed to abolish seizures (?).

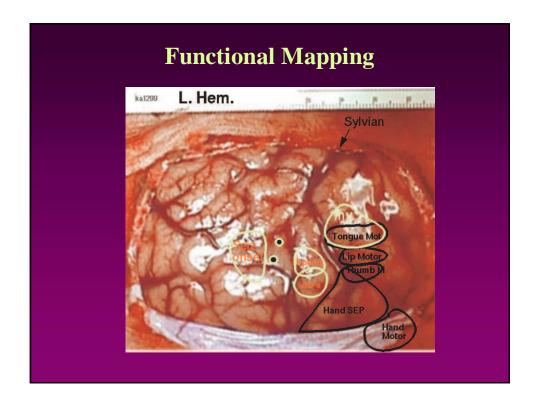
Luders, 1993

Can we predict where seizures will arise?



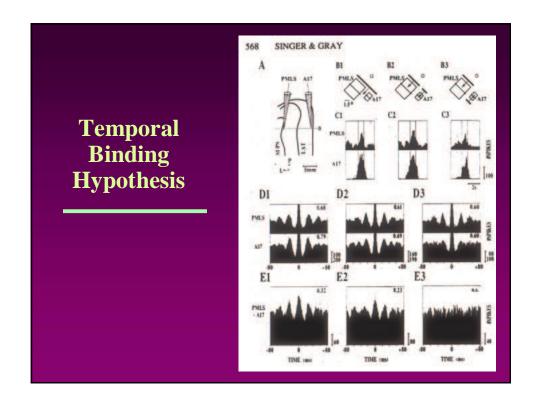


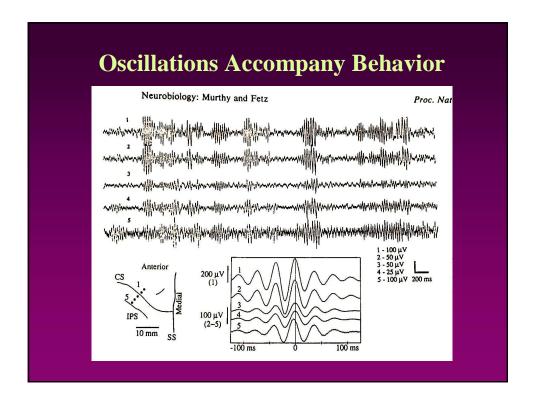


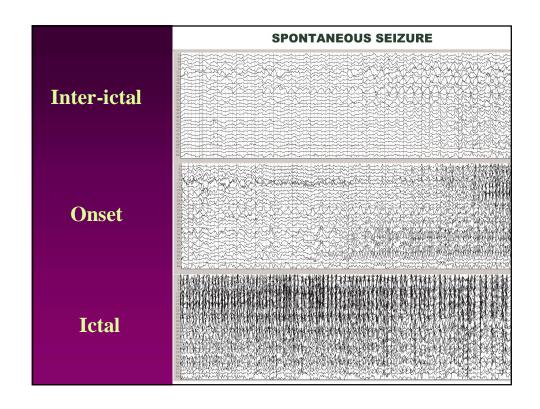


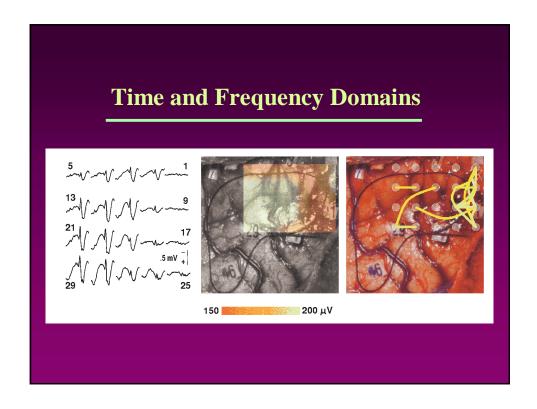
Types of Signals from Cortex

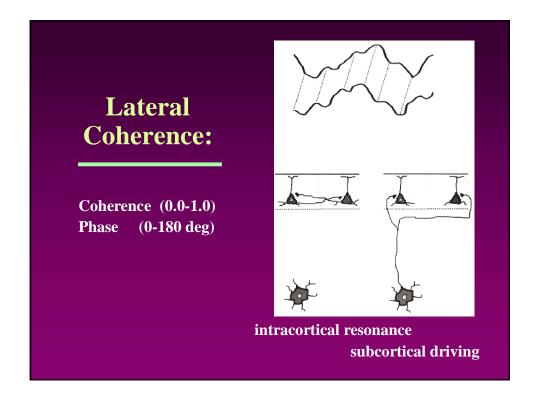
- Spikes from individual neurons
- Normal rhythms accompanying behavior
- Abnormal rhythms indicating pathology

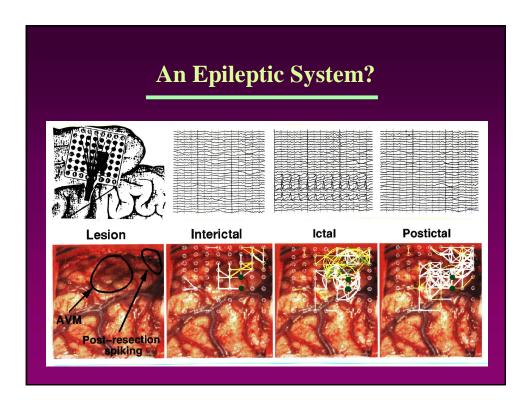


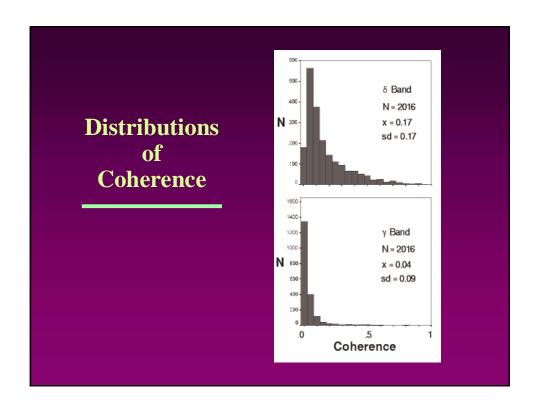


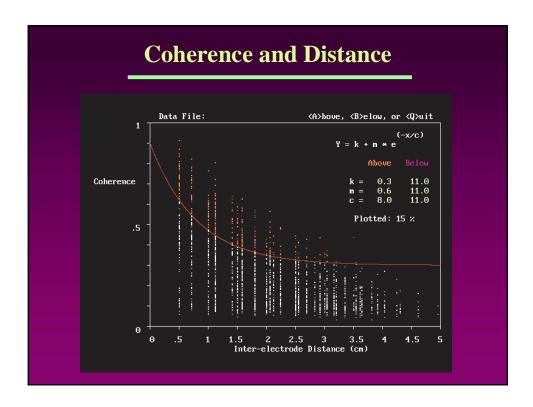


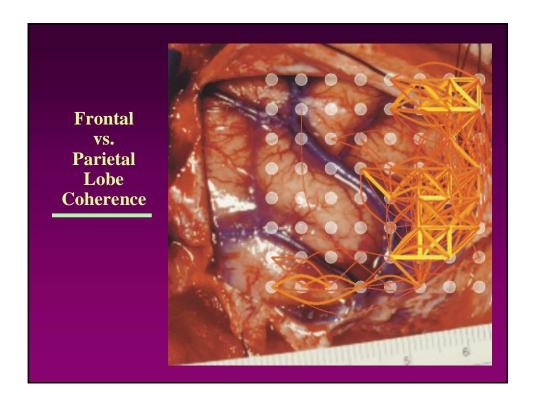


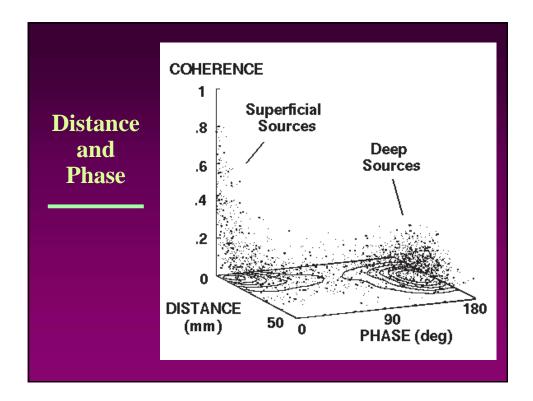


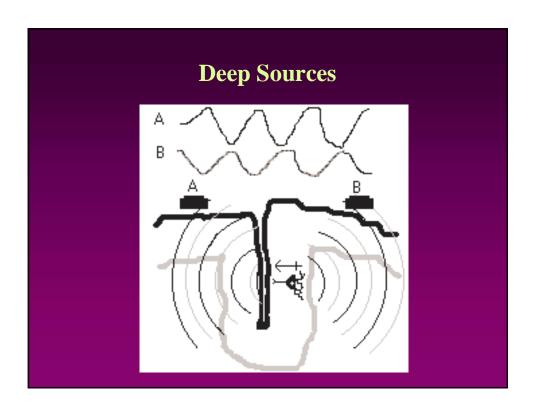


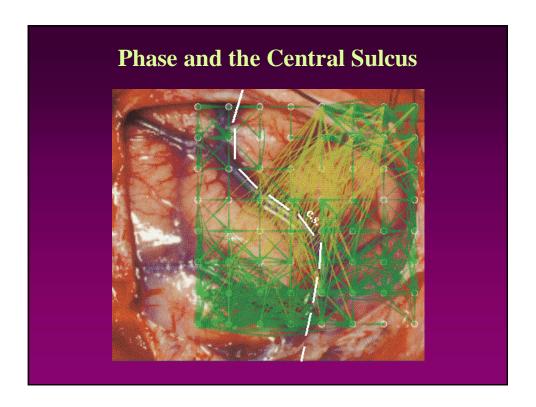


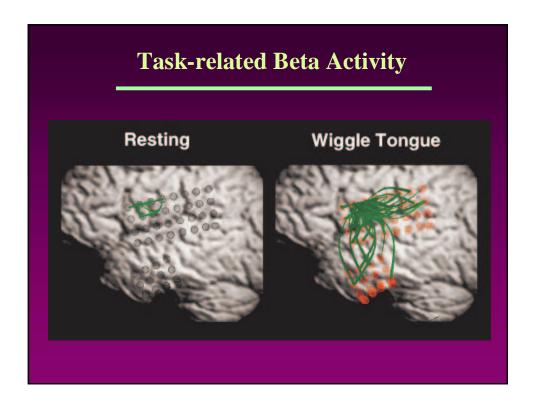


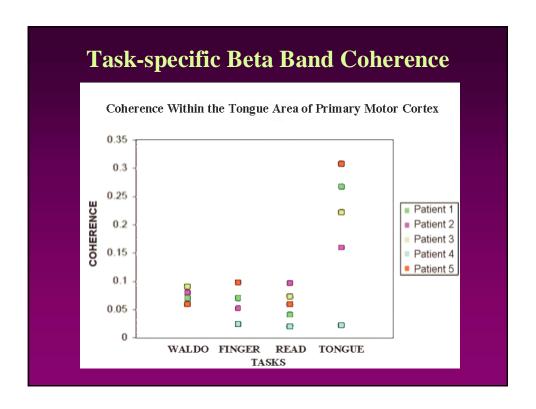


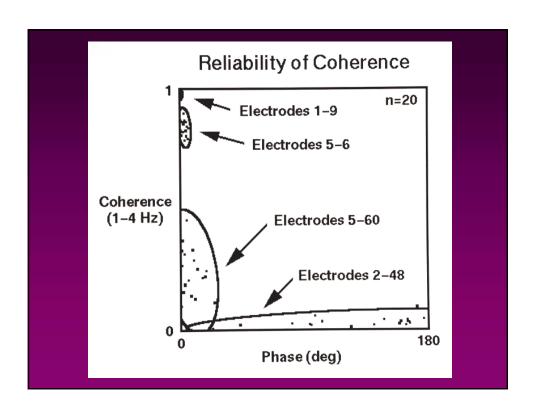


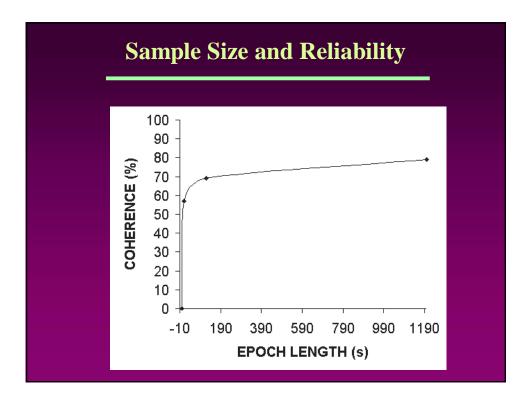


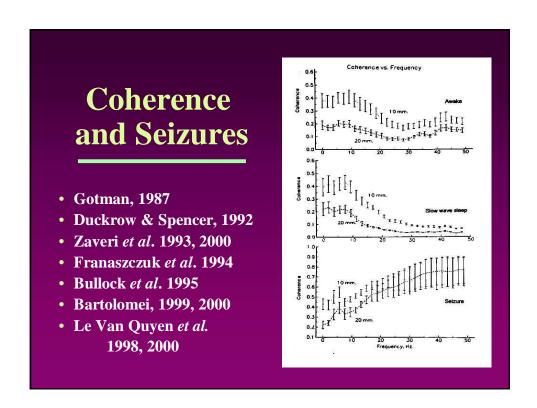


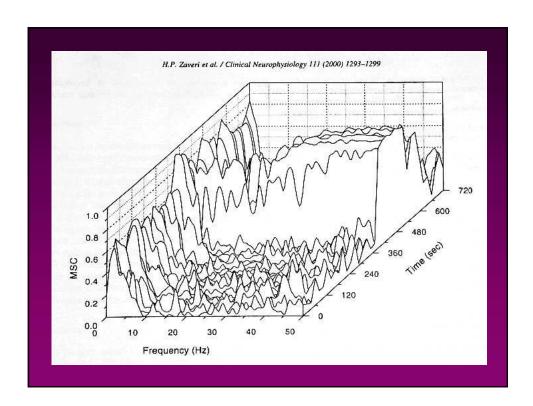


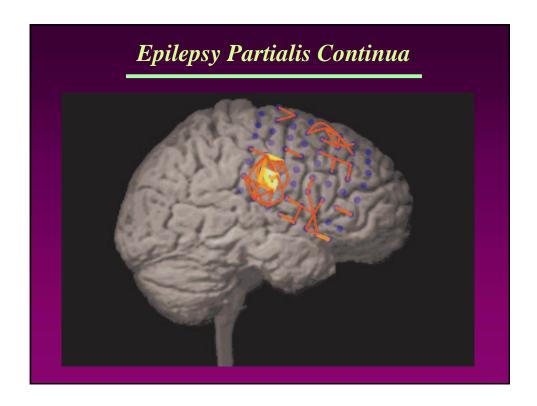


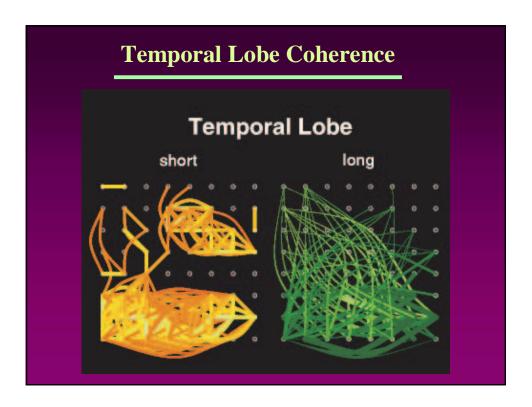


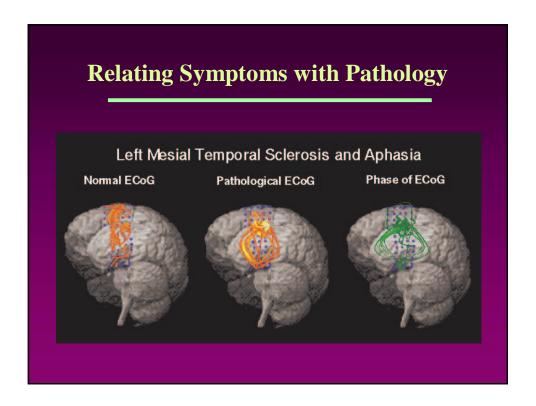




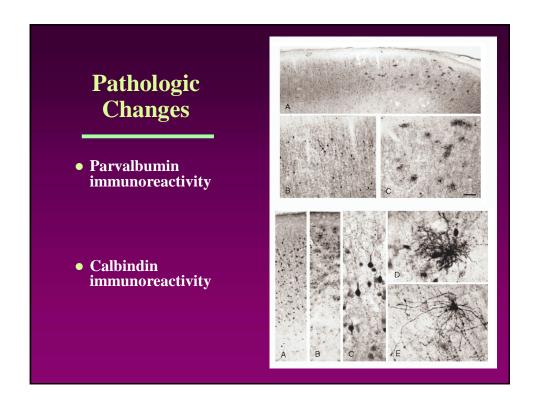


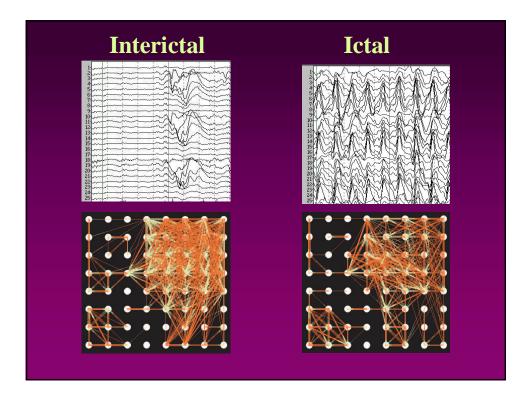




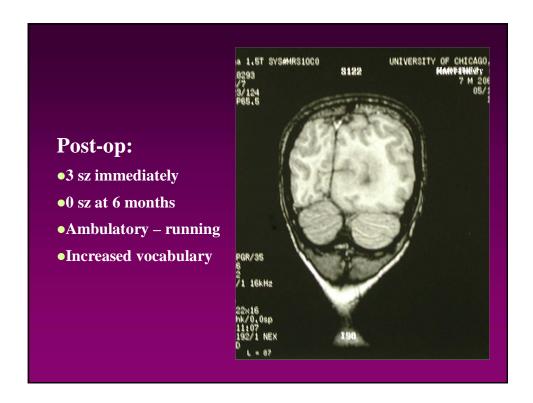


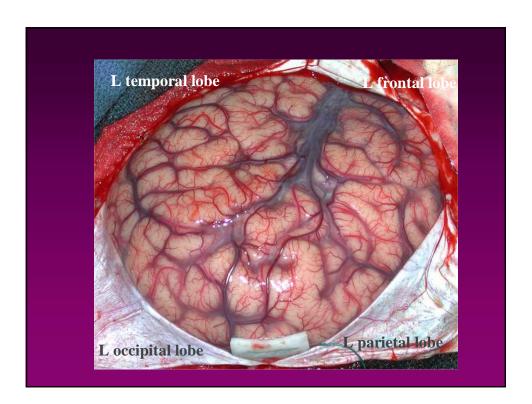




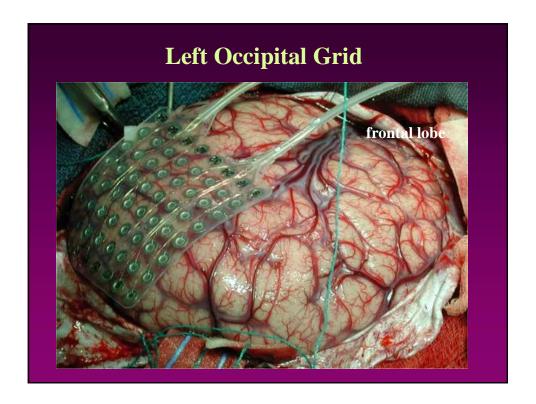


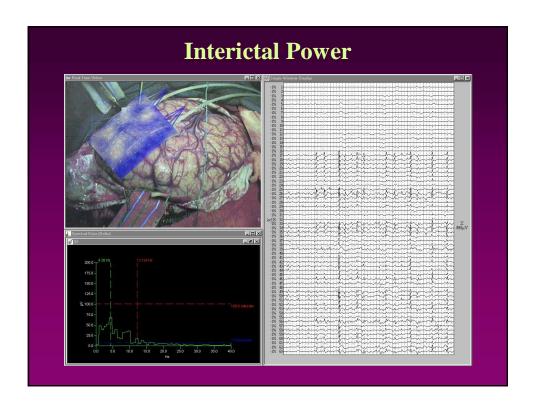


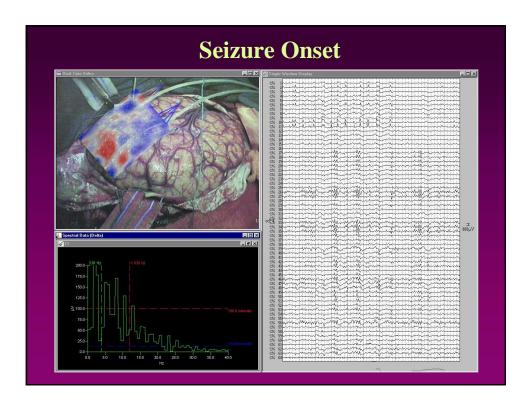




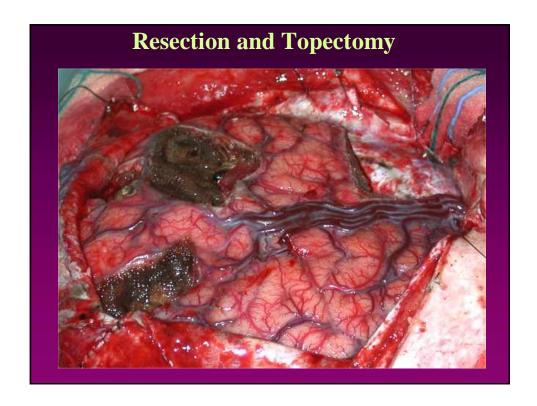


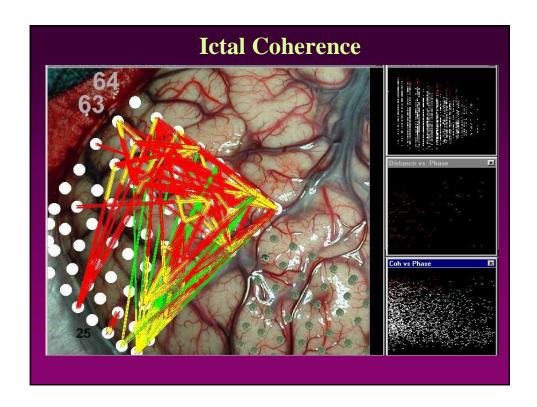


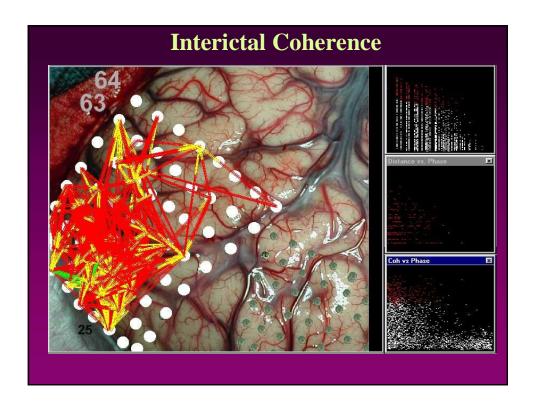


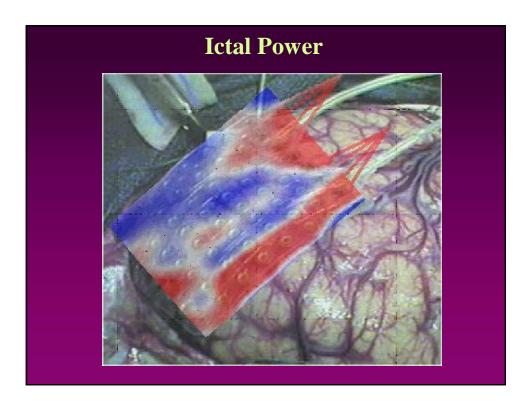


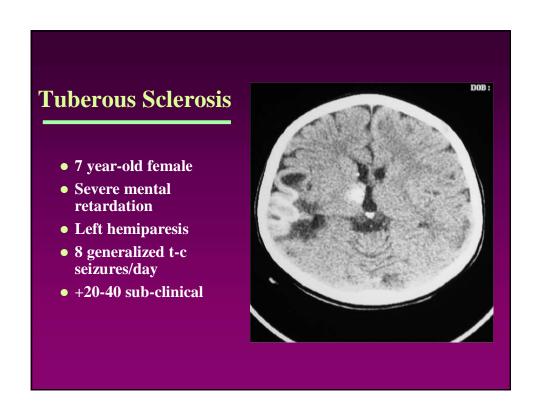


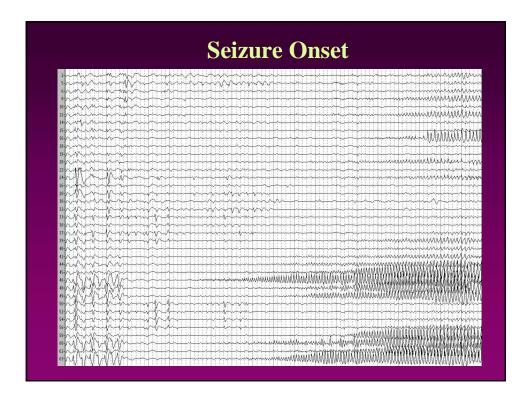


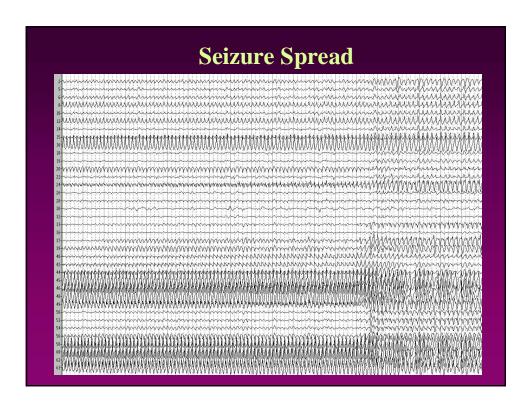


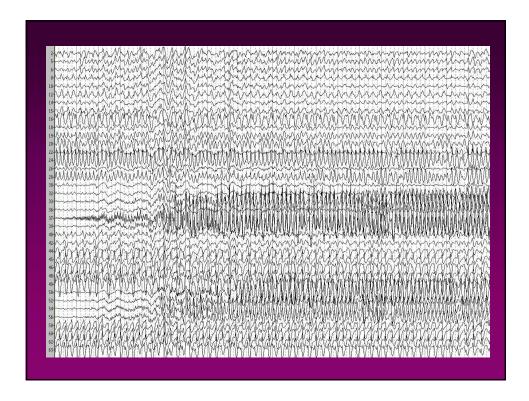


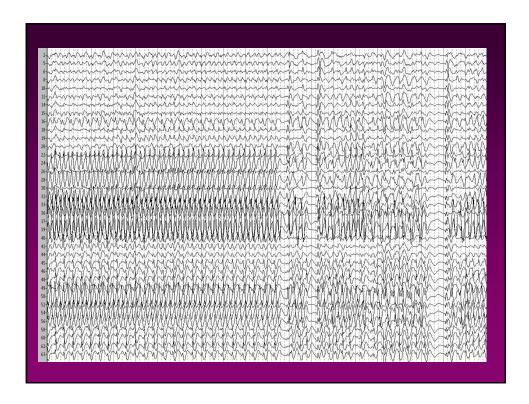


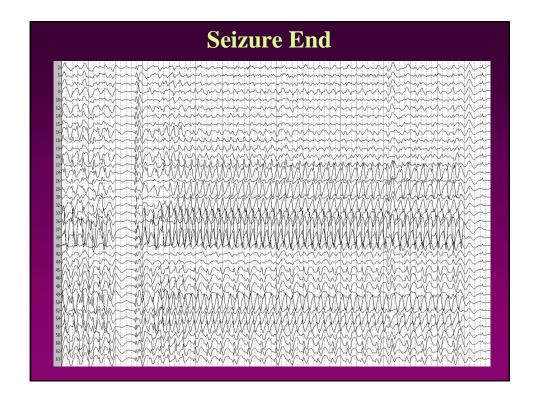


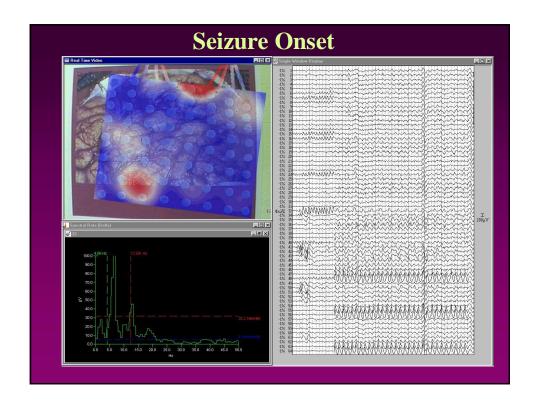


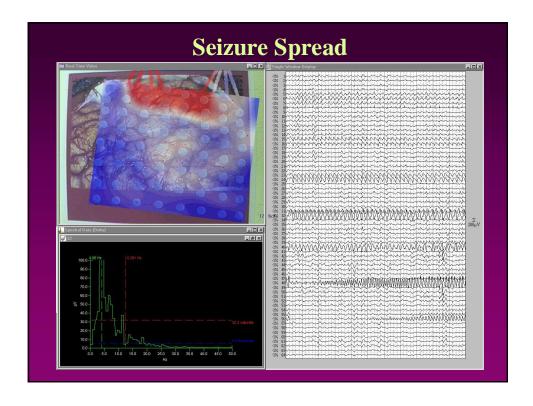


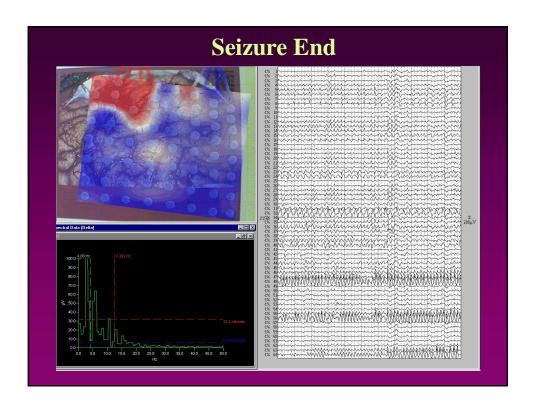


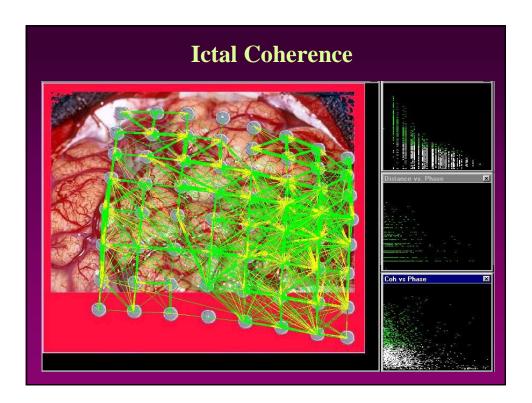


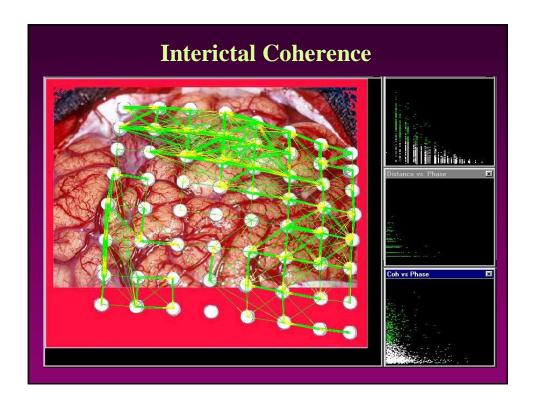












Preliminary Conclusions

- 1. During the ictal period coherence increases within each cortical component of the epileptic system.
- 2. Coherence can be used to identify the borders of epileptic areas.
- 4. It appears that under some circumstances the epileptogenic zone can be identified from analysis of interictal recordings.