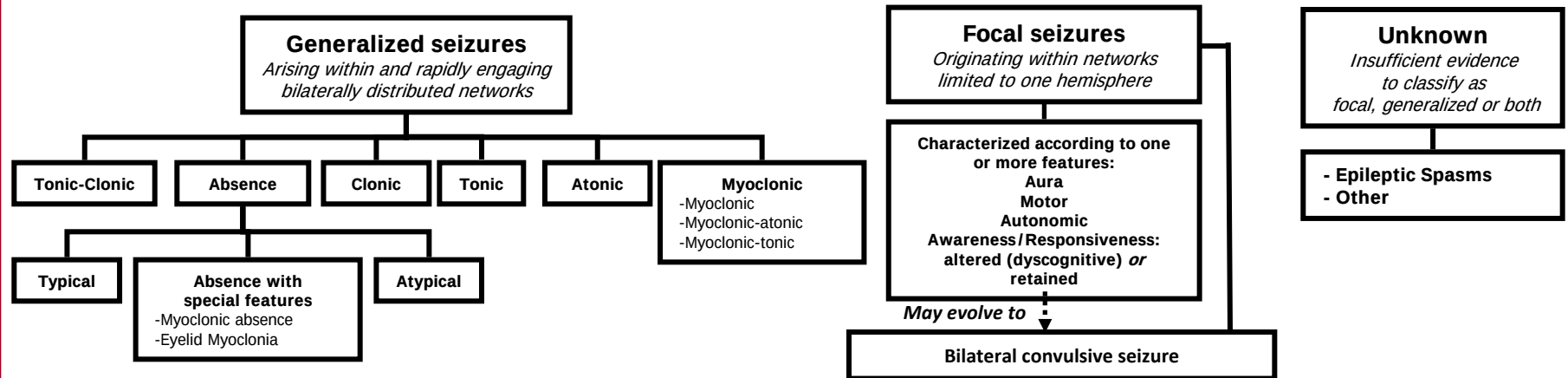
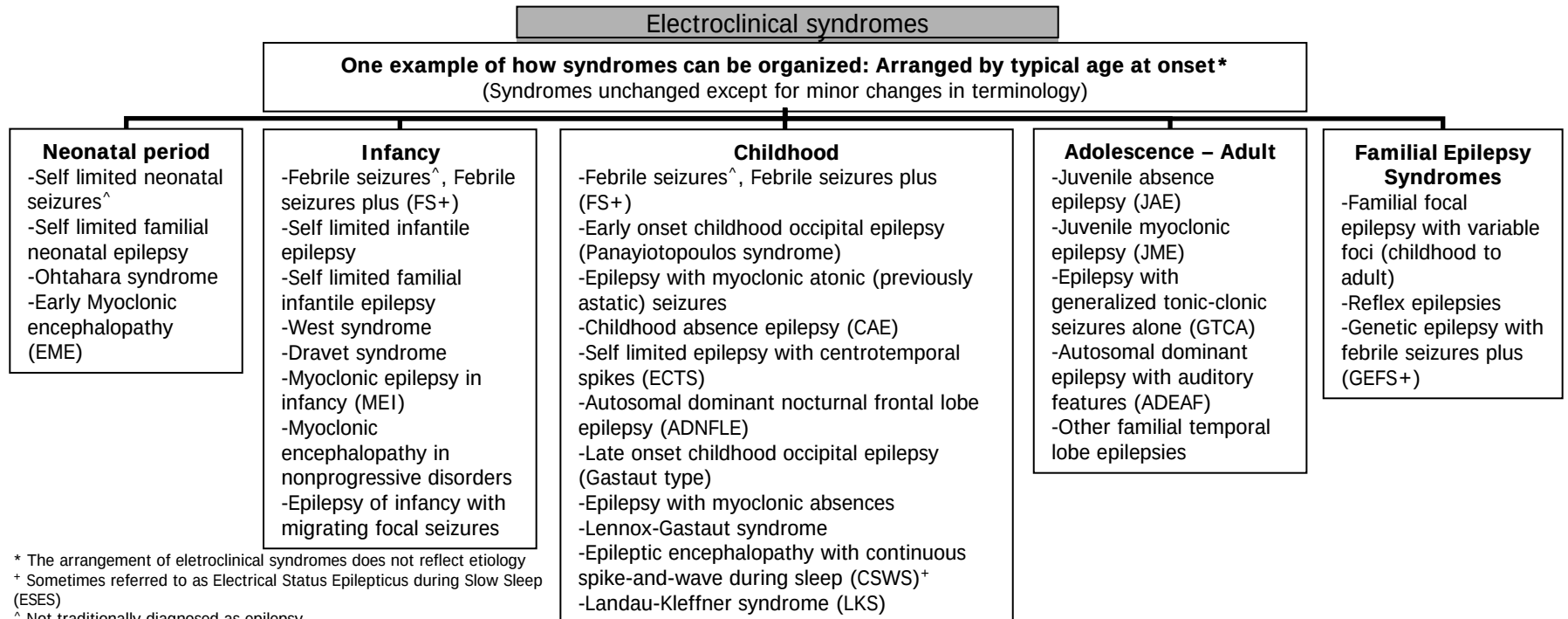


Classification of Seizures



Electroclinical Syndromes and Other Epilepsies Grouped by Specificity of Diagnosis



ILAE Revised Terminology for Organization of Seizures and Epilepsies 2011 - 2013

Major changes in terminology and concepts

New Term and Concept	Examples	Old Term and Concept
Etiology (an individual may fit into more than one group)		
Genetic: <i>genetic defect directly contributes to the epilepsy and seizures are the core symptom of the disorder</i>	<i>Channelopathies, GLUT1 deficiency, etc</i>	Idiopathic: <i>presumed genetic</i>
Structural: <i>caused by a structural disorder of the brain</i>	<i>Tuberous sclerosis, cortical malformations, mesial temporal lobe epilepsy with hippocampal sclerosis (MTLE with HS), gelastic seizures with hypothalamic hamartoma</i>	Symptomatic: <i>secondary to a known or presumed disorder of the brain</i>
Metabolic: <i>caused by a metabolic disorder of the brain</i>	<i>Pyroxidine deficiency, GLUT1 deficiency, etc</i>	Symptomatic
Immune: <i>epilepsy with evidence of autoimmune mediated CNS inflammation</i>	<i>NMDA receptor antibody encephalitis, voltage gated potassium channel antibody encephalitis</i>	Symptomatic
Infectious: <i>an infectious etiology refers to a patient with epilepsy, rather than seizures occurring in the setting of acute infection such as meningitis or encephalitis. These infections sometimes have a structural correlate.</i>	<i>Tuberculosis, HIV, cerebral malaria, neurocysticercosis, subacute sclerosing panencephalitis, cerebral toxoplasmosis</i>	
Unknown: <i>the cause of epilepsy is unknown</i>		Cryptogenic: <i>presumed symptomatic</i>
Terminology	Terms no longer recommended	
Self-limited: <i>tendency to resolve spontaneously over time</i>	Benign	
Pharmacoresponsive: <i>highly likely to be controlled with medication</i>	Catastrophic	
Focal seizures: <i>seizure semiology described according to specific subjective (auras), motor, autonomic, and dyscognitive features</i>	Complex Partial	
Evolving to a bilateral convulsive seizure	Simple Partial	
	Secondary generalized	

We would welcome your thoughts on this proposal. Please visit the “Request for Comments” page on the ILAE website to read the full document and register your comments.

<http://www.ilae.org/Visitors/Centre/Organization.cfm>

References: 1. Berg AT et al. Revised terminology and concepts for organization of seizures and epilepsies: report of the ILAE Commission on Classification and Terminology, 2005-2009. *Epilepsia* 2010;51:676-685. 2. Blume WT et al. Glossary of descriptive terminology for ictal semiology: Report of the ILAE task force on classification and terminology. *Epilepsia* 2001;42:1212-1218. 3. Scheffer IE et al. The Organisation of the Epilepsies: Report of the ILAE Commission on Classification and Terminology (ILAE website as above)