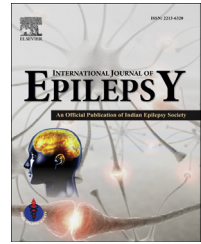


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Quiz

MCQs: International Journal of Epilepsy[☆]

Questions

- The Atkins diet was developed by Robert Atkins in 1970 and was later modified for use in people with refractory epilepsy. Which of the following is not a characteristic feature of the Modified Atkins Diet?
 - Protein intake is not restricted
 - Carbohydrate is restricted to 10–20 g/day
 - Ketogenic ratio is 3:1
 - It has about 10% carbohydrates
- A 70 years old gentleman presented to the Emergency Department with epilepsia partialis continua involving the right hand and thumb. Blood glucose was 700 mg/dl, serum sodium was 124 mEq/L and MRI brains including diffusion weighted images were normal. Which of the following is the most likely condition responsible for the patient's condition?
 - Stroke
 - Non-ketotic hyperglycemia of diabetes
 - Diabetic keto-acidosis
 - Hyponatremia
- Negative motor seizures are rare and can be confused with transient ischemic attacks (TIA). Which of the following points differentiates between the two conditions?
 - Both conditions typically occur in elderly people
 - Spread of symptoms is characteristic of TIAs but does not occur in negative motor seizures
 - TIAs might last for more than few minutes but negative motor seizures are brief
 - TIAs might be associated with focal limb weakness but negative motor seizures are definitely not associated with focal limb weakness.
- The EEG page and MRI below is of a 12 months old baby. The likely diagnosis is:



This MCQ has been prepared from the first issue of IJEP 2014 to maintain continuity in updates in knowledge one acquired from the earlier issue.



- a. Lissencephaly
 - b. Hydranencephaly
 - c. Double cortex syndrome
 - d. Rud syndrome
5. Which of the following is not true regarding outcome in status epilepticus?
 - a. Mortality is high in refractory status epilepticus
 - b. Mortality is associated with the need for mechanical ventilation
 - c. Acute symptomatic status epilepticus is associated with an excellent outcome and low mortality
 - d. Mortality depends on the time lag between onset and presentation in the Emergency Department
 6. Which of the following statements is not true regarding the co-morbidity of Epilepsy and Depression?
 - a. Depression is twice as common in people with epilepsy in comparison to people with asthma
 - b. Depression contributes to impaired quality of life in people with epilepsy
 - c. Major depression might occur with increased frequency in people with epilepsy on Carbamazepine, Oxycarbazepine and Lamotrigine
 - d. Poor seizure control is associated with increased incidence of major depression
 7. Epilepsy with which of the following inborn errors of metabolism is exquisitely responsive to ketogenic diet?
 - a. Pyruvate carboxylase deficiency
 - b. GLUT-1 deficiency
 - c. Fatty acid oxidation disorder
 - d. Porphyrria
 8. Fractional anisotropy is utilized in diffusion tensor imaging. Which of the following is not correct about fractional anisotropy?
 - a. It refers to the degree of anisotropy of a diffusion process
 - b. It is a scalar value between zero and one
 - c. It is depended on fiber density axonal diameter and myelination of fiber tracts
 - d. A value of one means that diffusion is unrestricted
 9. Features associated with inborn errors of metabolism in children with epilepsy include all of the following except:
 - a. Abnormal urine odour (in GLUT-1 deficiency)
 - b. Hair and nail abnormalities in Menkes disease
 - c. Albinism in phenylketonuria
 - d. Macrosomia in GABA transaminase deficiency
 10. The estimated number of people with epilepsy worldwide is
 - a. 50,000,000
 - b. 100,000,000
 - c. 75,00,000
 - d. 50,00,000

Answers key

1. Answer – c

Explanation: The ketogenic ratio in modified Atkins diet is 1:1 as opposed to 3:1 or 4:1 in the classic ketogenic diet
 Ref: Gulati S, Chakrabarty B. Dietary therapy in childhood epilepsy: an overview. International Journal of Epilepsy 2014; 1:27–35

2. Answer – b

Explanation: Neurological complications of non-ketotic hyperglycemia include epilepsy partialis continua and hemichorea

Ref: Sundaram SM, Karthik SN, Swaminathan K, Rajavel T, et al. Proprioceptive-induced seizure in diabetic non-ketotic state: A video case report. *International Journal of Epilepsy* 2014; 1:36–38

3. Answer – c

Ref: Garg A, Muniem A, Bhuyan S, Bansal AR. Recurrent transient focal neurological deficits in convexity meningioma: TIA or negative motor seizures? *International Journal of Epilepsy* 2014; 1:39–42

4. Answer – a

Ref: Sharma S, Jain P, Aneja S. EEG in Lissencephaly. *International Journal of Epilepsy* 2014; 1:49–50

5. Answer – c

Ref: Vooturi S, Jayalakshmi S, Sahu Sambit, Mohandas S. Clinical characteristics and factors associated with in hospital mortality of convulsive status epilepticus in adult patients admitted to neurointensive care unit. *International Journal of Epilepsy* 2014; 1:16–20

6. Answer – c

Ref: Amruth G, Srikanteswara PK, Nataraju B, Kasturi P. Study of quality of life in epilepsy patients with psychiatric co-morbidities using QOLIE-31. *International Journal of Epilepsy* 2014; 1:08–15

7. Answer – b

Ref: Gulati S, Chakrabarty B. Dietary therapy in childhood epilepsy: an overview. *International Journal of Epilepsy* 2014; 1:27–35

8. Answer – d

Ref: Spitler K, Tirol F, Fried I, Salamon N, et al. Diffusion tensor imaging correlates of hippocampal sclerosis and anterior temporal lobe T2 signal changes in pharmacoresistant epilepsy. *International Journal of Epilepsy* 2014; 1:1–7

9. Answer – a

Ref: Sharma S, Jain P, Prabakaran C, Hemrom J, Kapoor S, et al. Epilepsy in inborn errors of metabolism: two cases with unusual presentation. *International Journal of Epilepsy* 2014; 1:43–46

10. Answer – a

Ref: Rajalaskhmi R, Lalitha K, et al. Psychosocial care needs of the parents having children with epilepsy. *International Journal of Epilepsy* 2014; 1:21–26

Gagandeep Singh*

Department of Neurology, Dayanand Medical College,
Ludhiana 141 001, Punjab, India

Department of Clinical & Experimental Epilepsy,
Institute of Neurology, Queen Square, London, UK

*Corresponding author. Department of Neurology,
Dayanand Medical College, Ludhiana 141 001, Punjab, India.
Tel.: +91 161 2452043; fax: +91 161 2308383.
E-mail address: gagandeep_si@yahoo.co.uk

<http://dx.doi.org/10.1016/j.ijep.2014.11.003>

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