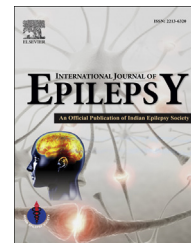


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## Quiz

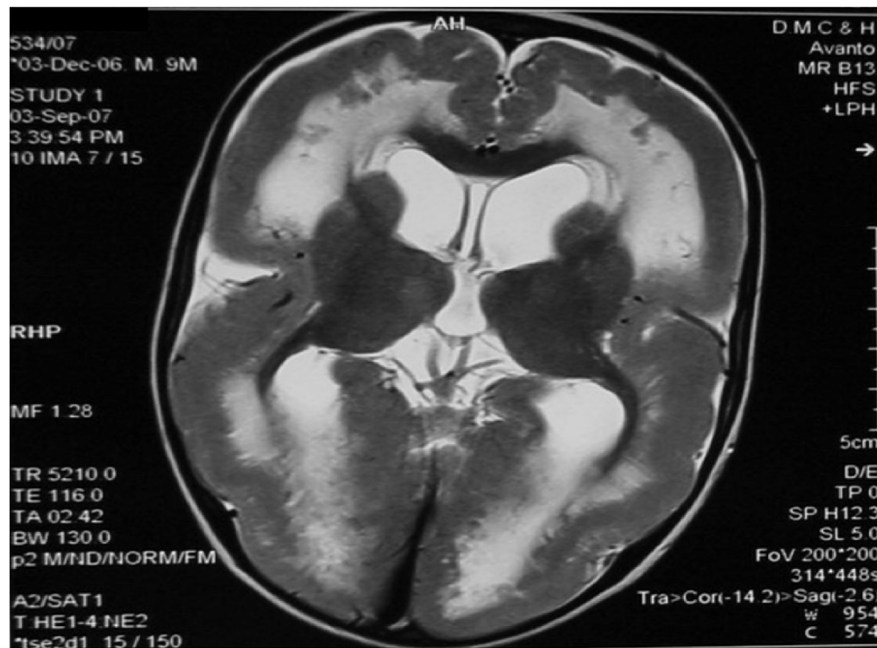
# MCQs: International Journal of Epilepsy<sup>☆</sup>

## 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 epilepsy 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 epilepsia 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

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