

dans les atteintes auto-immunes avec anticorps anti-canaux potassiques (VGKC), mais son association avec une myopathie comme chez notre patiente est rare. Ce qui souligne l'importance de rechercher systématiquement cette coexistence lors de tout examen ENMG chez un patient atteint de LED.

Mots clés Electroneuromyographie ; Lupus ; Myokimie

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Functional and structural network disorganizations in typical ECTS and impact on cognitive neurodevelopment



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Background Epilepsy with Centrottemporal Spikes (ECTS) is the most common form of self-limited focal epilepsy. The pathophysiological mechanisms by which ECTS induces neuropsychological impairment in 30% of affected children remain unclear.

Objectives The objective is to review the current state of knowledge concerning the brain structural and functional changes that may be involved in cognitive dysfunctions in ECTS.

Methods Publication indexed in Pubmed about structural and functional brain imaging in ECTS were reviewed.

Results Structural brain imaging suggests the presence of subtle neurodevelopmental changes over the epileptogenic zone (EZ) and over distant regions, which evolves over time, especially in patients with cognitive impairment. This suggests that the epileptogenic processes might interfere with the dynamics of the brain development. Functional brain imaging demonstrates disorganization accentuated by IES. Changes in neuronal activity are described several hundred milliseconds before the IES in over the EZ and in bilateral distant networks. This is associated with alteration of global small-world properties towards a more random network. The direction of information flow demonstrates that, the epileptogenic zone constitutes the key area at the origin of IES propagation towards distant cortical regions.

Conclusion Structural and functional network disorganizations, in terms of: (i) power spectral values, (ii) functional and effective connectivity, are likely to participate in the cognitive impairment reported in children with ECTS. These results suggest a central and causal role of network disorganizations related to IES in the neuropsychological impairment.

Keywords High-density EEG; Interictal epileptic spike; Neurocognitive impairment

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Autobiographical memory and schizophrenia



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Background Various aspects of self disorders have been reported in schizophrenia and some authors have regarded them as core symptoms of the illness. Autobiographical memory (AM) encompasses the memory of past personal events but also future thoughts and numerous self-related information, such as self-images.

Objectives Investigating AM in order to better understanding the cognitive mechanisms of the alterations of self in schizophrenia, considering that AM represents a crucial ground for the self.

Methods Tool and methods of cognitive psychology.

Results Several studies demonstrated patients' difficulty to mentally travel in time and to re-experience the person they were in past events. These findings point to alterations of the experiential component of self. Other studies showed that patients were impaired in their capacity to reason about past events and to find out the meaning of these events, this pointing to a weakness of the narrative self. Similar deficits have been observed in patients regarding future self-projection: patients have difficulty imagining detailed events that will happen in the future and to anticipate possible lessons of future important events. A part of this, the self in schizophrenia has been reported as being less consistent, less stable in time, more passive, and sometime strongly altered by delusional beliefs.

Conclusion We will discuss the therapeutic implications of these findings by considering both cognitive remediation and narrative interventions to strengthen both AM and aspects of self in patients.

Keywords Autobiographical memory; Self; Schizophrenia

Disclosure of interest The authors declare that they have no competing interest.

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Corrélation électroclinique dans les crises pariétales en SEEG : à propos de 2 cas



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Contexte Les épilepsies focales structurelles pharmacorésistantes avec crises pariétales représentent seulement 5 % des séries chirurgicales et moins de 10 % dans notre série de patients explorés en SEEG à Nancy. Ce sont des épilepsies de diagnostic difficile du fait de leur rareté et d'une symptomatologie riche témoignant d'une implication extrapariétale. Le diagnostic localisateur des crises peut donc être retardé voire conduire à une localisation erronée de la zone épileptogène.

Objectifs À partir des corrélations anatomo-électrocliniques en SEEG, déterminer les signes critiques associés à la décharge critique pariétale initiale et à la propagation pariétale et extrapariétale.

Méthodes Étude de deux patients implantés en SEEG présentant une épilepsie pariétale pharmacorésistante. Analyse de l'activité paroxystique enregistrée et de la clinique lors de la crise enregistrée en simultanée en vidéo.

Résultats La première patiente présente une symptomatologie sensitive unilatérale associée à une décharge limitée au cortex post-central. Le second patient présente une activité motrice dystonique et hyperkinétique concomitante d'une décharge pariétale avec