

Electroclinical Reasoning Reports

Electroclinical Reasoning Reports are structured to provide the reader with a comprehensive approach for diagnostic or presurgical evaluation of complex epilepsy patients and epilepsy surgery strategies. The layout is specifically designed to **lead the reader through the reasoning of diagnostic or therapeutic conclusions**, thus, the final diagnosis or therapeutic strategy appears at the end of the report. Please note, therefore, that the title and abstract **should not contain** information pertaining to diagnosis or therapeutic strategy.

These articles will undergo peer review and should be submitted via the *Epileptic Disorders* website (<https://mc.manuscriptcentral.com/epilepticdisorders>), in the usual way. The reports will be published in the journal and accompanying DVD, and will also be available in the educational section of the *Epileptic Disorders* web site. In addition, readers will be encouraged to submit relevant comments *via* the online submission system as a *Letter to the Editor* with reference to the article in question.

MANUSCRIPT FORMAT

Electroclinical Reasoning Reports are articles that follow a specific format with predefined sections. The report should follow the sections outlined (sections 1-11). The subheadings within each section are presented as a guide (see below).

Authors are encouraged to provide comments, critical remarks, and suggestions in the conclusion, and include supplementary video material and figures. Provide, as supplementary data, as many figures as necessary to support your arguments and select the most important to be included in the printed version of your manuscript.

For further advice regarding topics in particular, you may contact the Editorial Office (epileptic.disorders@gmail.com) who will put you in contact with the Associate Editors in charge of this section of the journal; Professors Mike Duchowny and Philippe Kahane.

SECTION 1**TITLE****ABSTRACT**

Please note: the title and abstract **should not contain** information pertaining to diagnosis or therapeutic strategy

SECTION 2. PATIENT DETAILS**Patient history** (other than epilepsy, state as negative if non-contributory)**Family history****Clinical description of paroxysmal events****Surface Video-EEG findings** (interictal, ictal)**AED treatment history****Other relevant information****SECTION 3. HYPOTHESIS 1**

Localization(s) of the epileptogenic zone (provide justifications and discuss in order of priority; discuss possible limits or pitfalls; support with references when necessary)

SECTION 4. NON-INVASIVE INVESTIGATIONS

Provide details for all investigations and the rationale for your choices. Provide also explanation(s) for all investigations considered "unnecessary"; if considered "of interest but not available in your centre" describe any alternatives used to obtain the requested information

Ictal EEG**MRI** (if repeated provide details and explain why)**PET****SPECT** (interictal, ictal)**MEG****Neuropsychology****Other** (including genetic or metabolic screening)**SECTION 5. INVASIVE INVESTIGATIONS**

If considered unnecessary, explain why

Invasive technique (describe technique chosen [grids, Stereo-EEG, other] and provide details on implantation performed and hypotheses investigated; figures with implantation details may be provided as supplementary data)

Findings of depth/subdural electrode recordings (EEG plates and video material may be provided as supplementary data)

SECTION 6. HYPOTHESIS 2

On the basis of all available data, provide, in order of probability, your hypothesis regarding the localization of the epileptogenic zone and whether the acquired information confirmed your initial hypotheses. Support with references.

SECTION 7. ACTION TAKEN**Surgical strategy****Drug treatment****Other****SECTION 8. FOLLOW-UP (both for surgical and non-surgical cases)****Results at 3 months from decision****Results at 12 months from decision** (minimum requirement)**AED policy****Neuropsychology****SECTION 9: CONCLUSION****SECTION 10. REFERENCES**

Provide no more than 15 references

SECTION 11. QUESTIONS AND ANSWERS

Provide at least three questions and answers