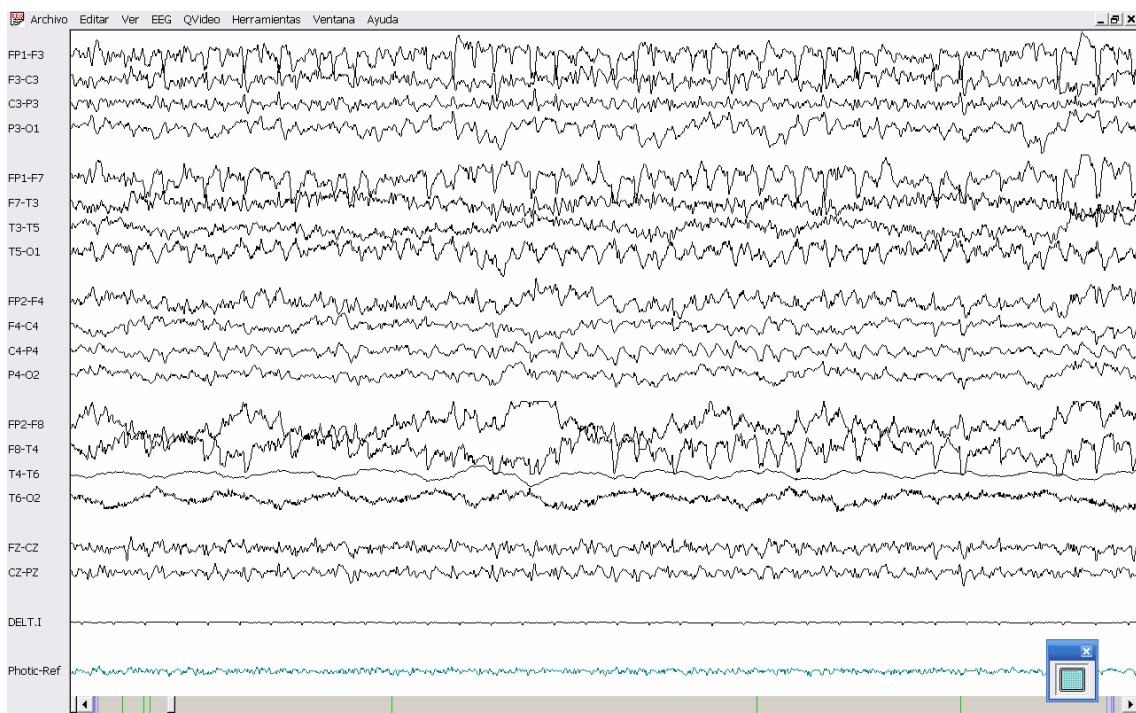
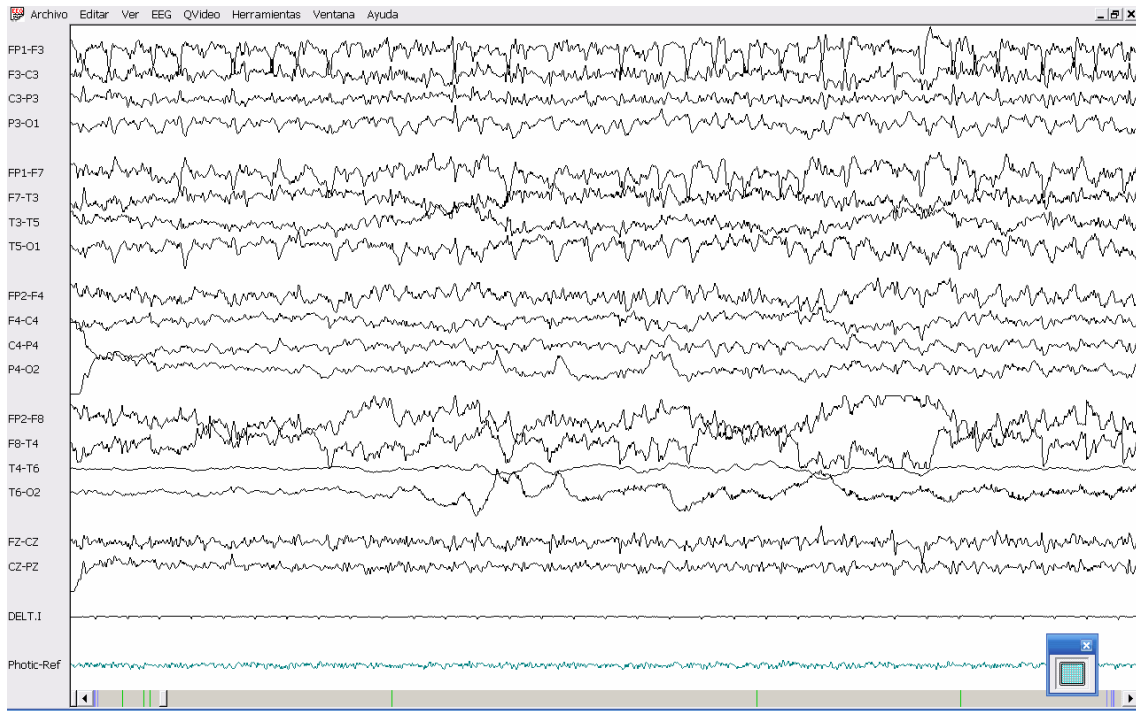
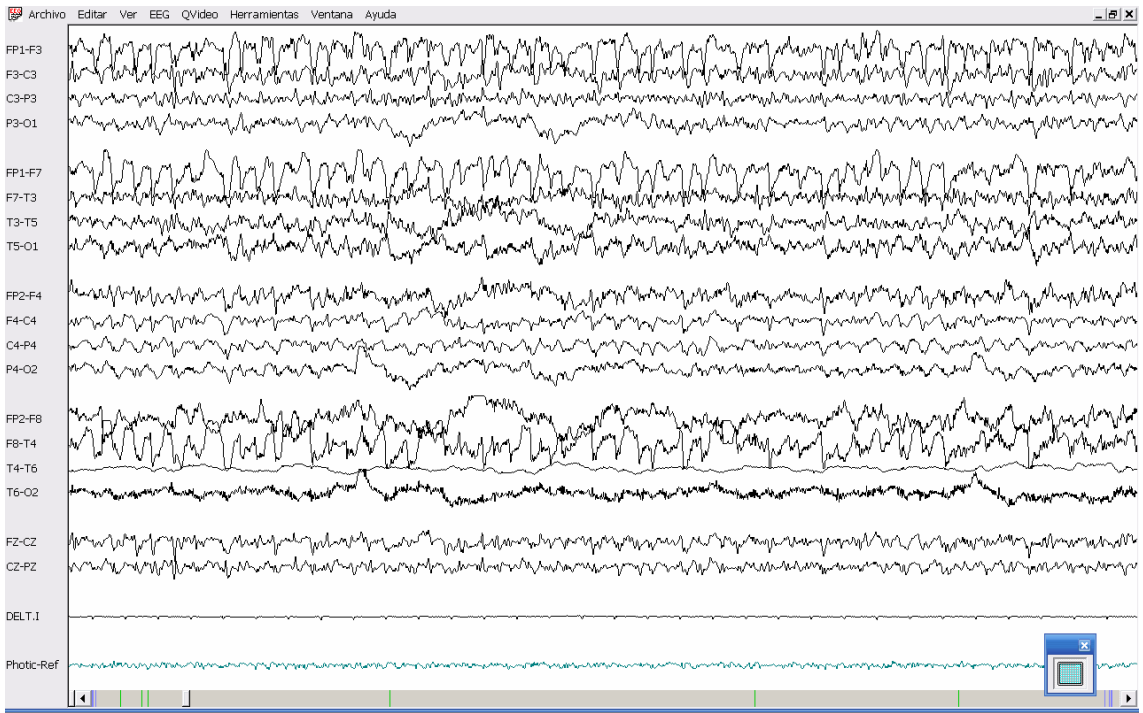
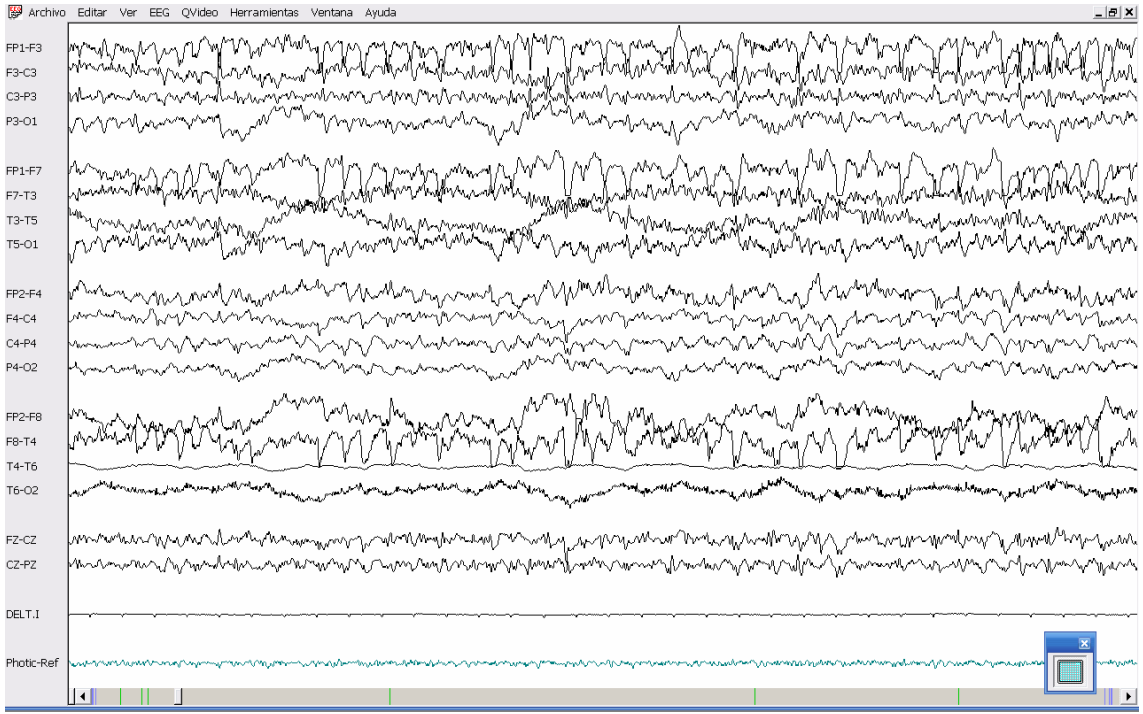
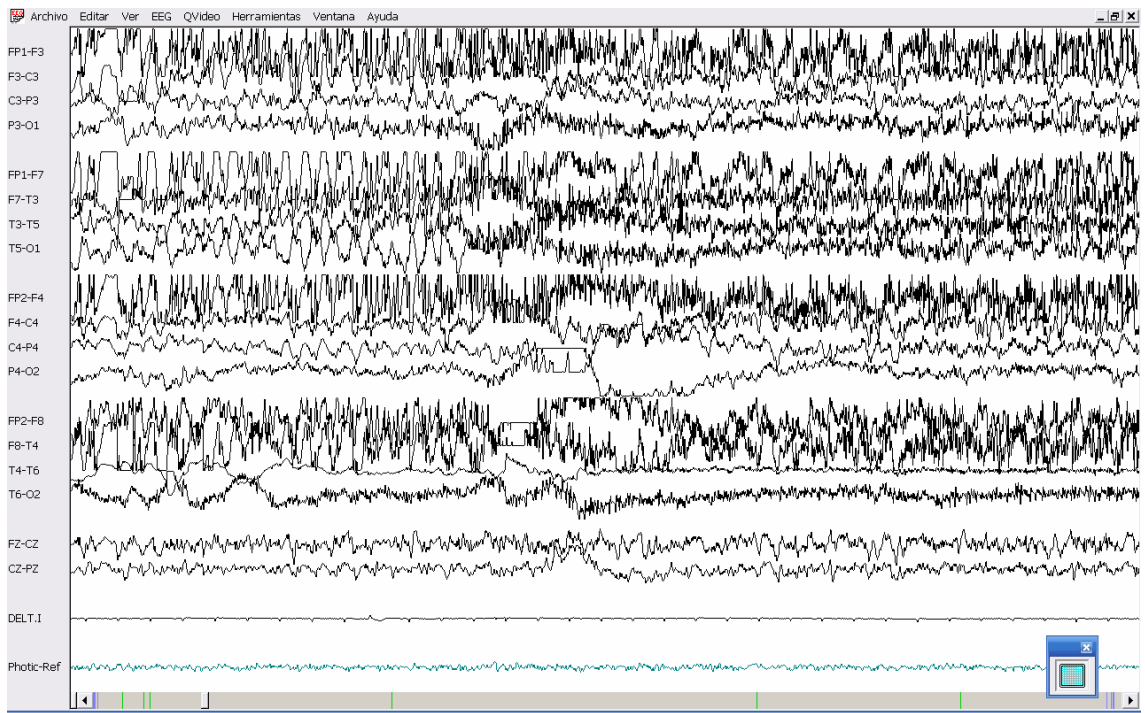
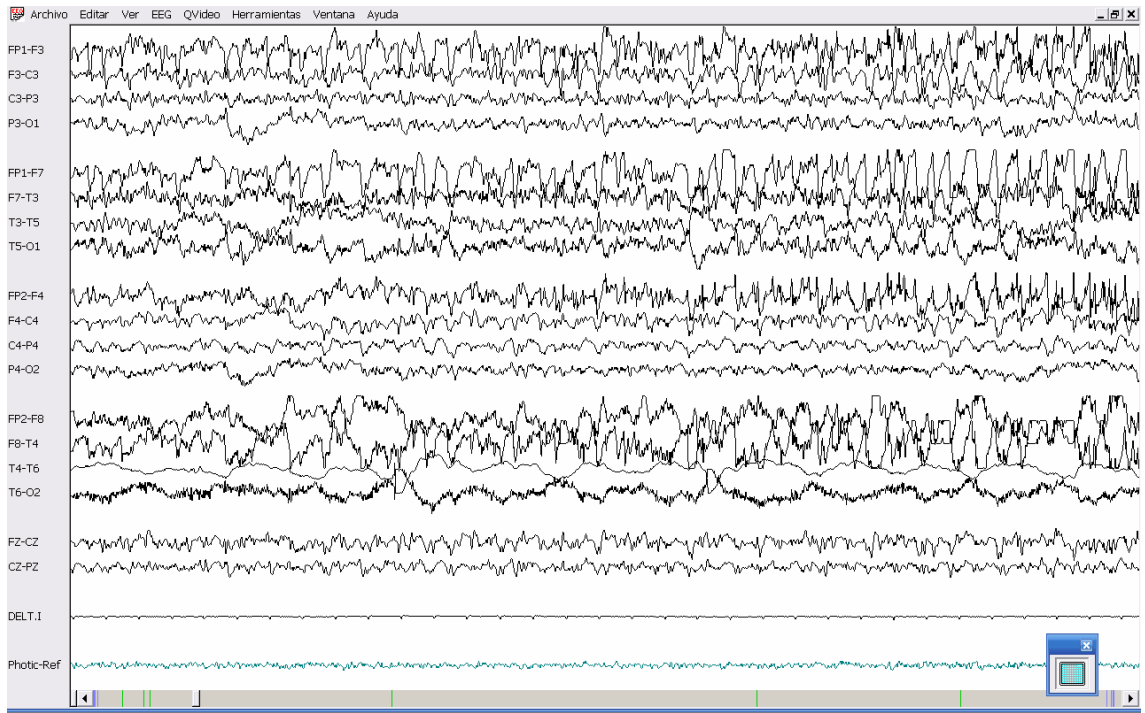
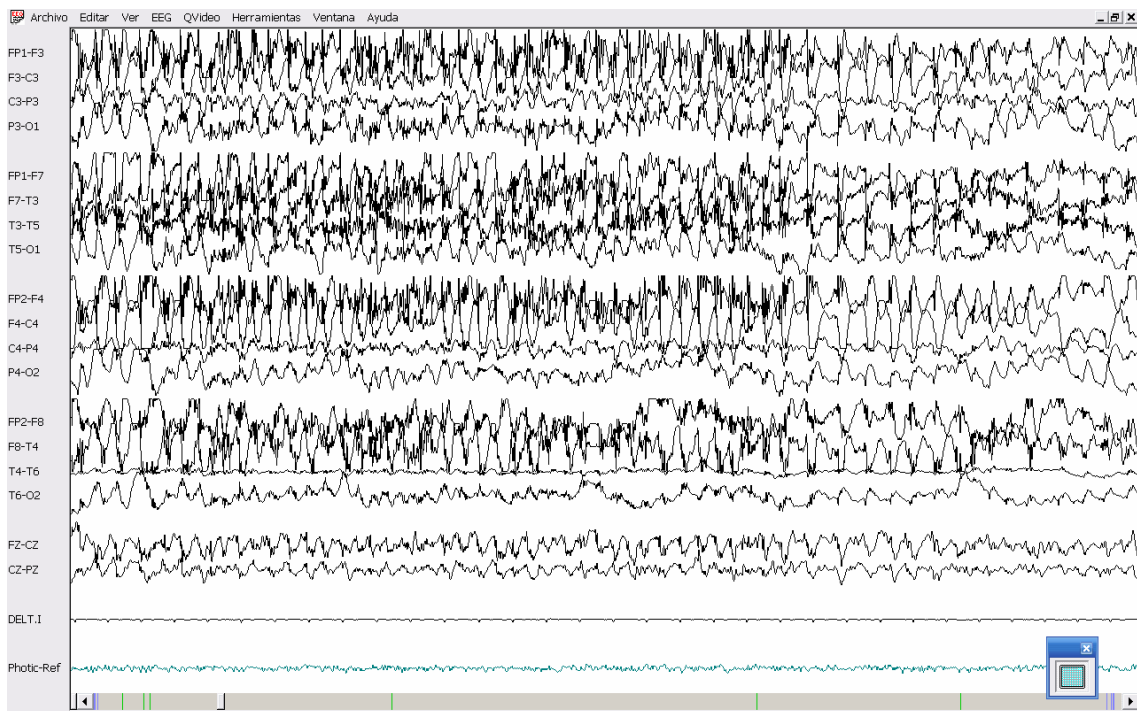
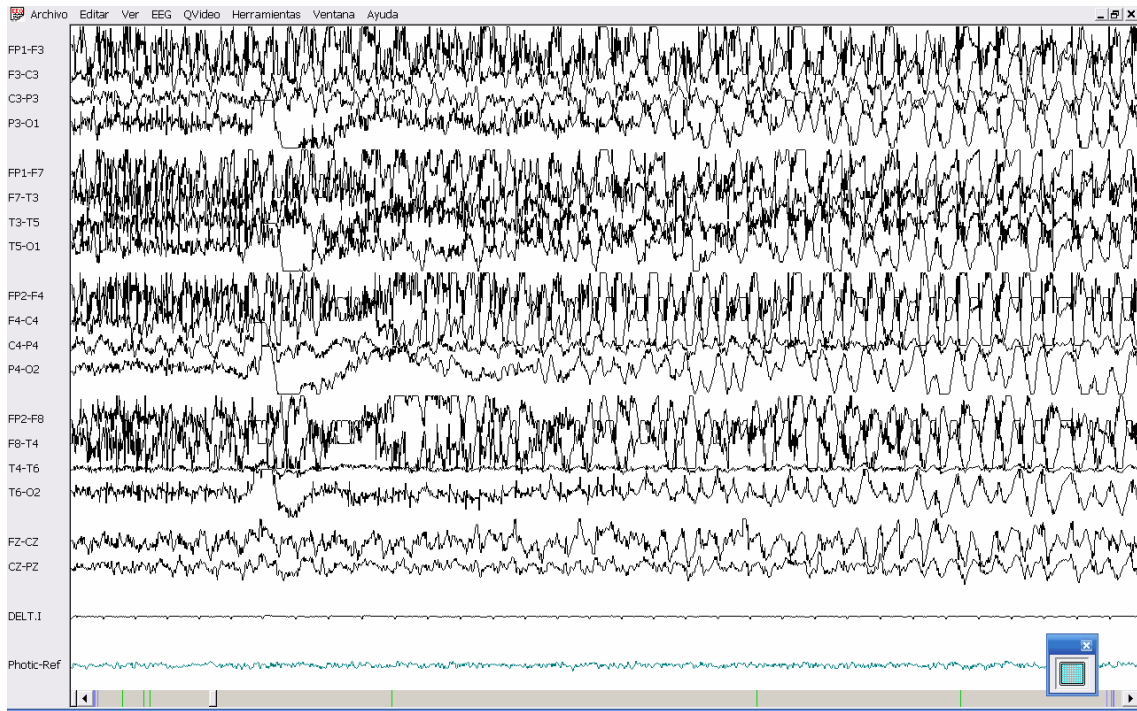


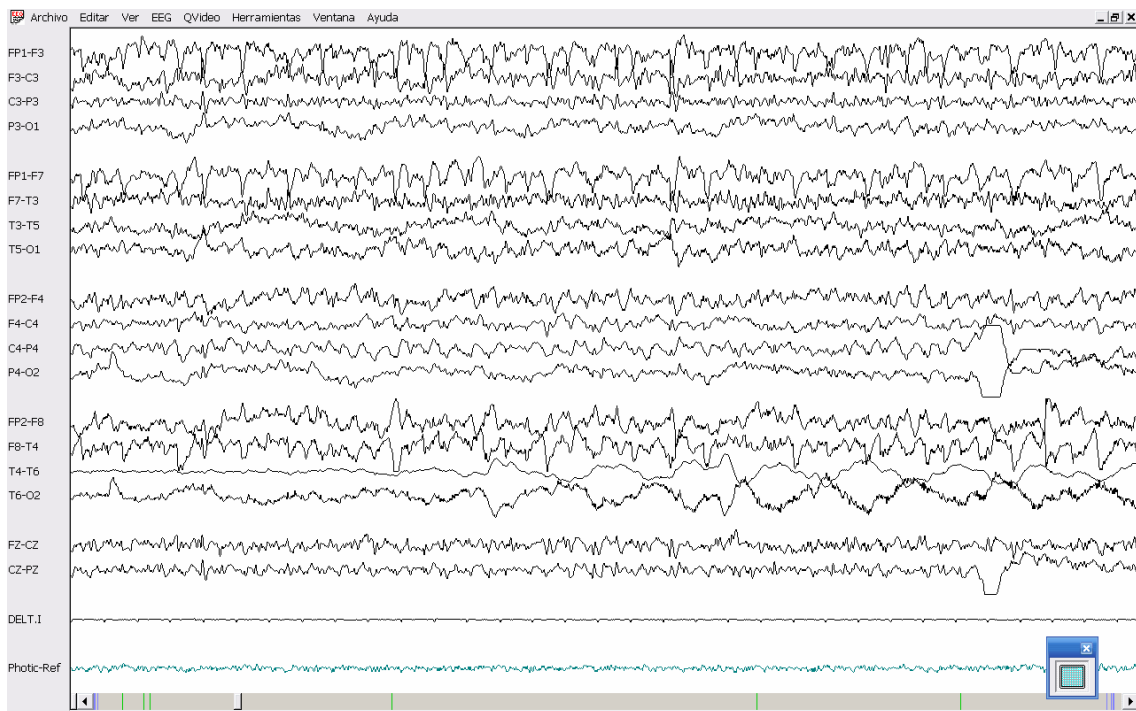
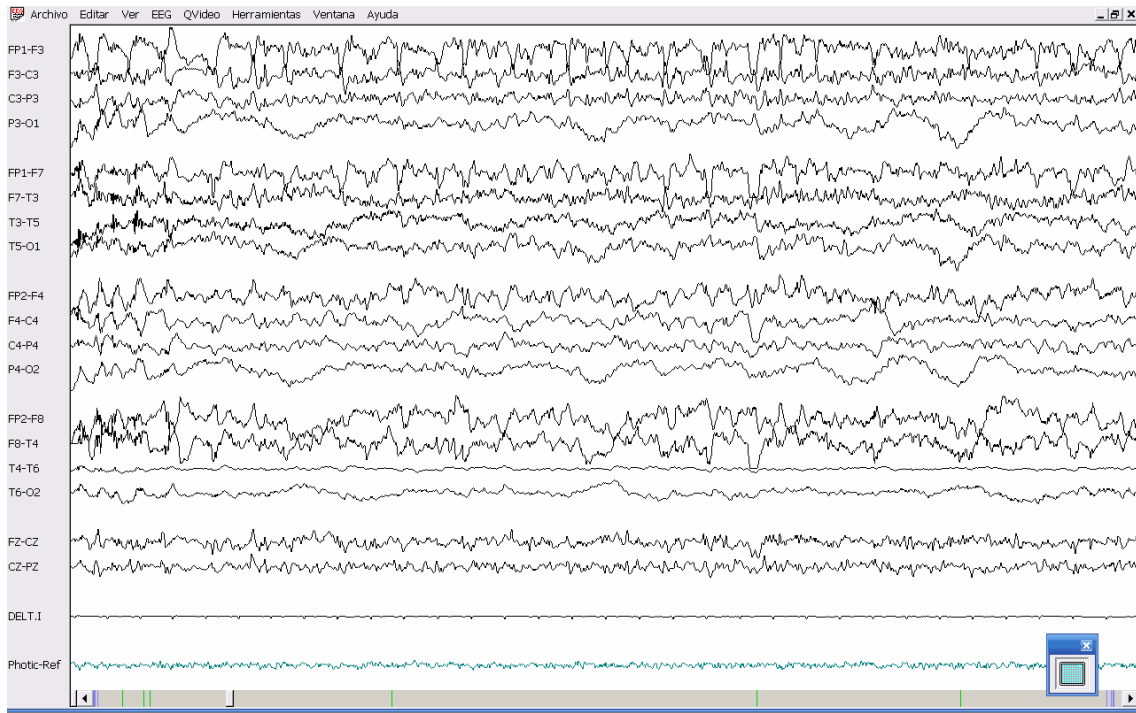
Additional File: EEG recordings for "Partial motor status epilepticus as a clinical manifestation of carotid stenosis".





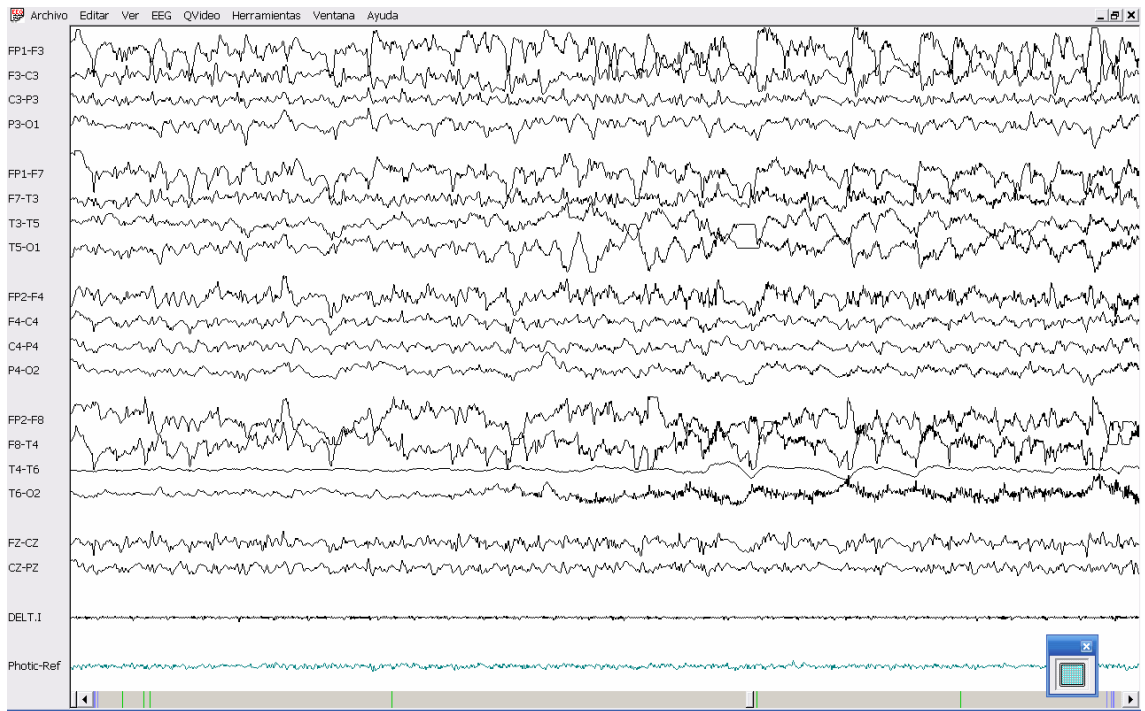
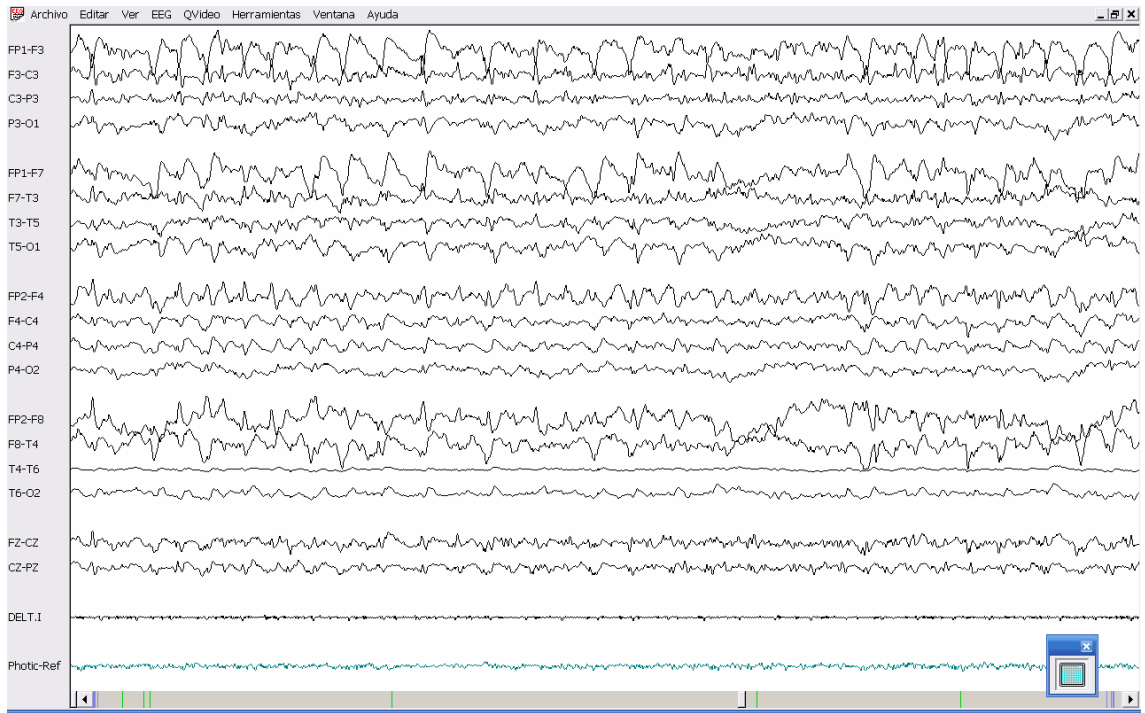


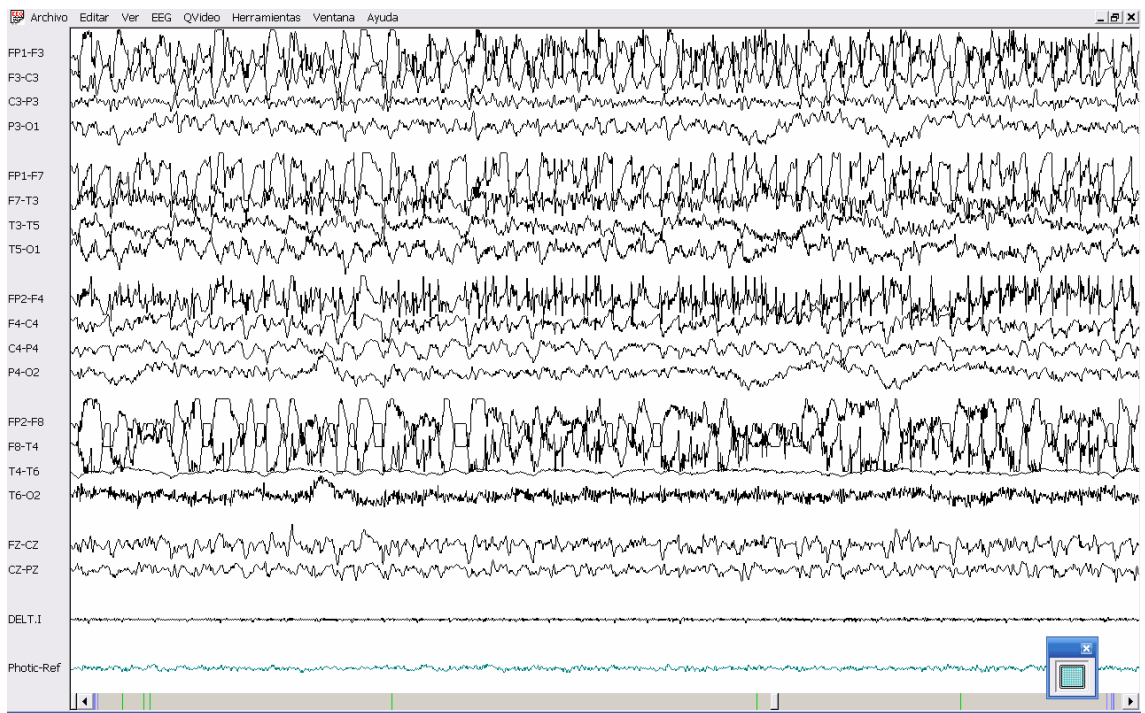
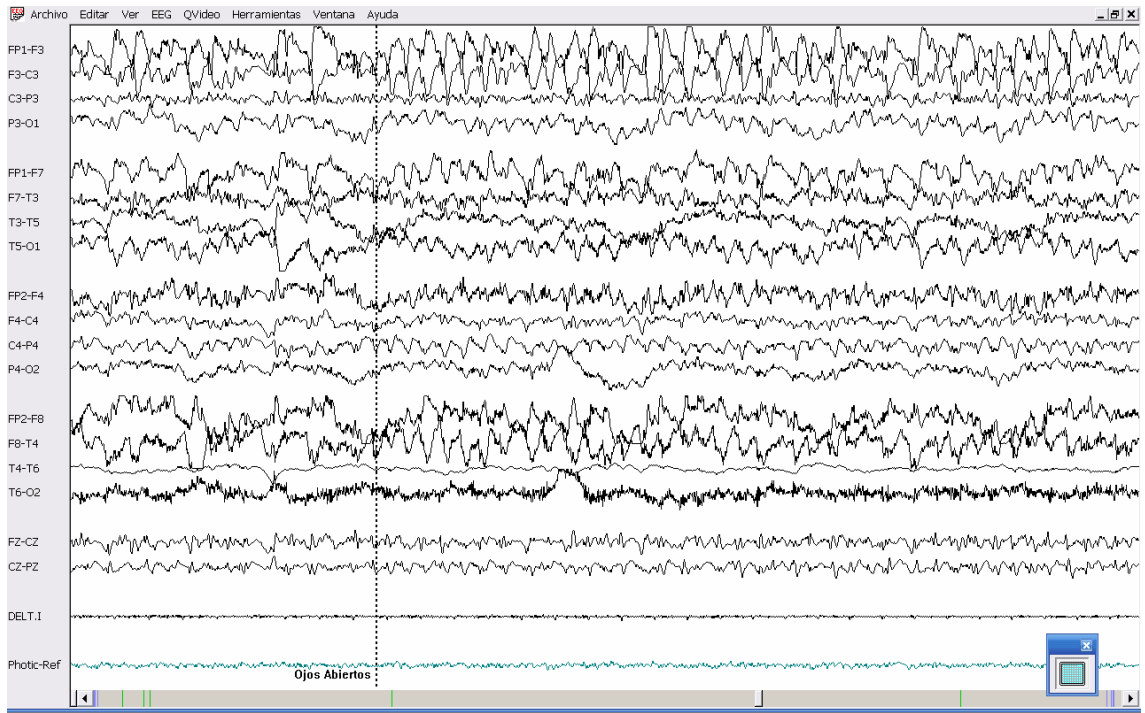


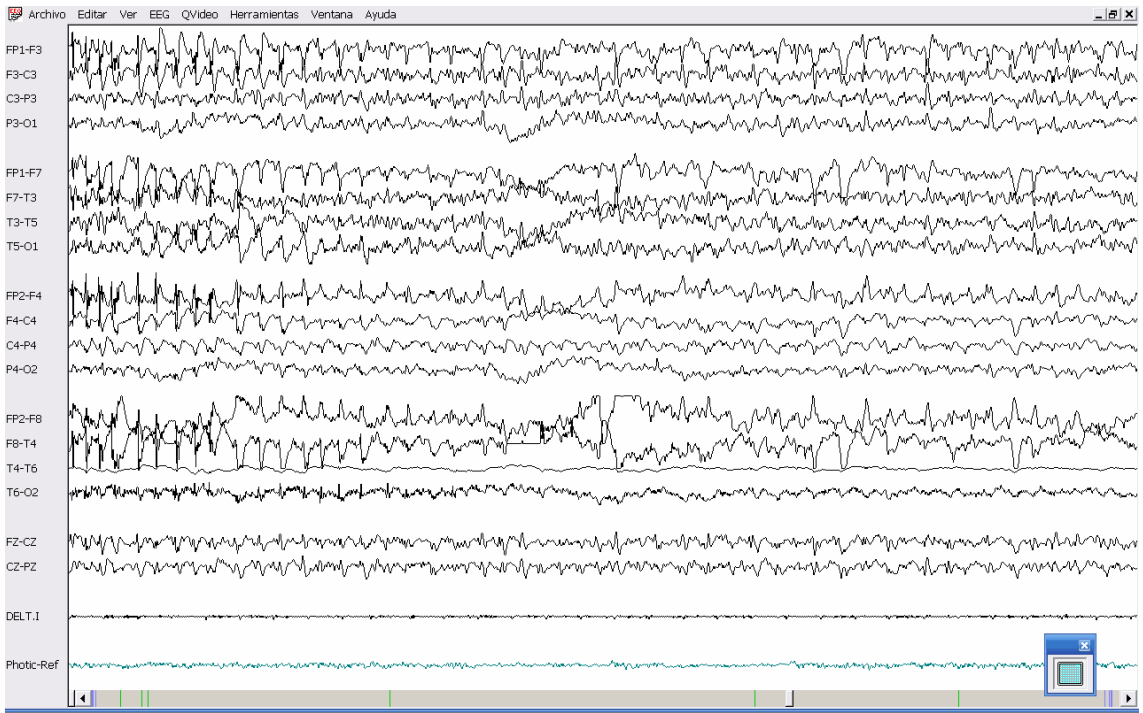
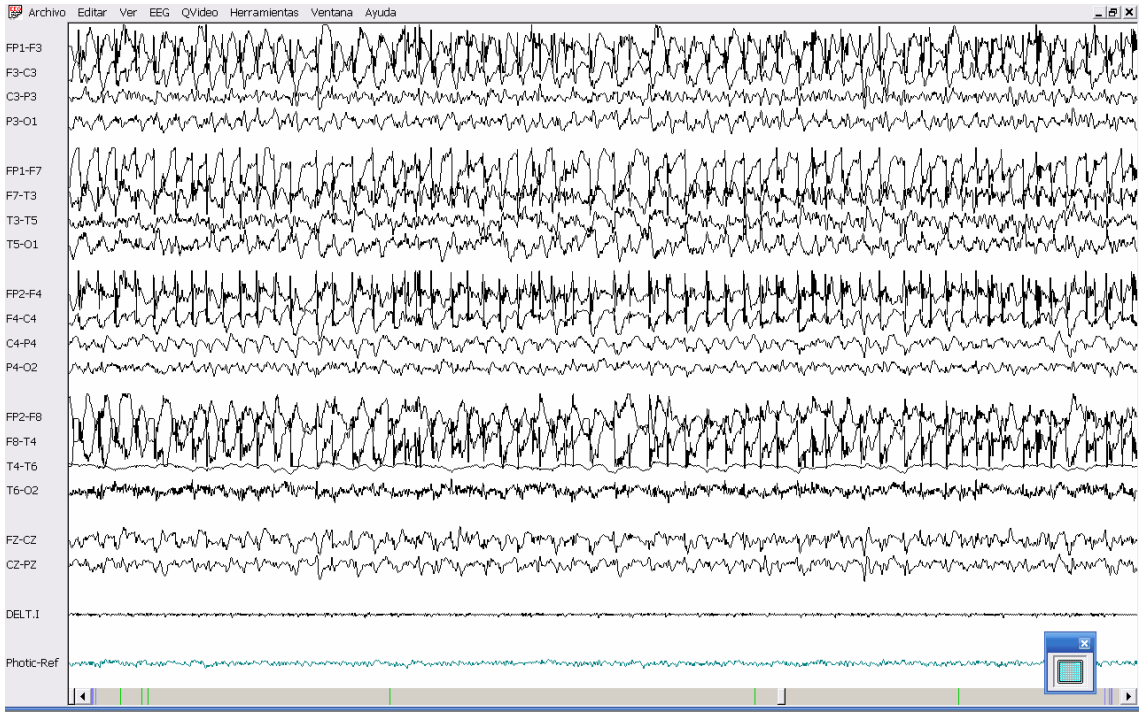


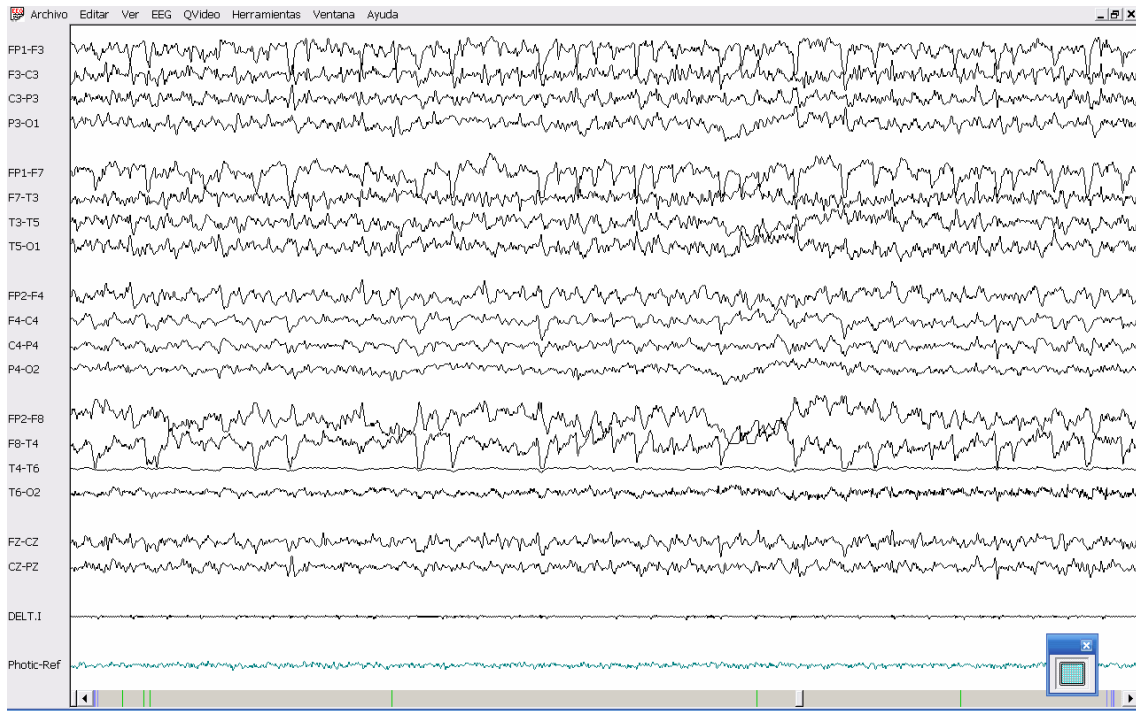
1st EEG recording showing one clinical right motor partial secondarily generalized seizure. Unfortunately, we no obtained licence for publish video. On the fourteenth and fiveteenth channel an artifact resulting from poor contact is observed. On slow background observing frontal parasaggittal generation with maximum negativity at F3. In following, field extends to parasaggital and temporal areas. Later, rhythmic polyspikes-wave extends in both hemispheres. Finally, when seizure finish, polyspikes-slow wave belong during several seconds and then,

a recording similar at he first, has been obtained. (15 mm = 1 sec; A = 50 mv)

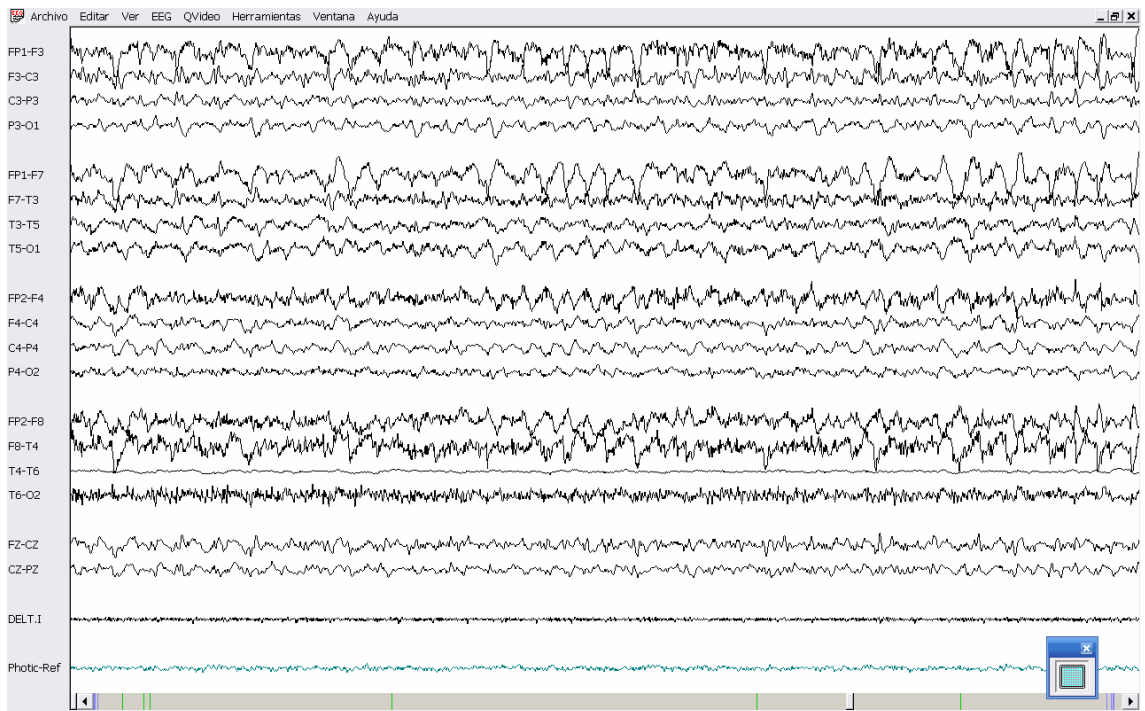
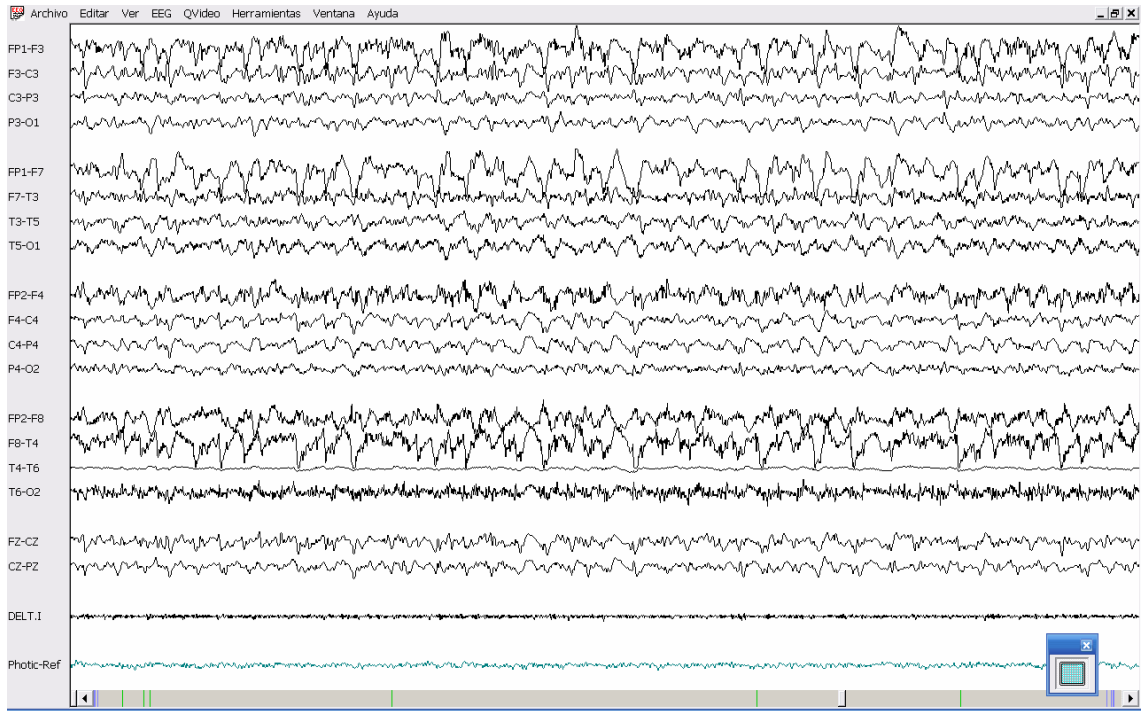


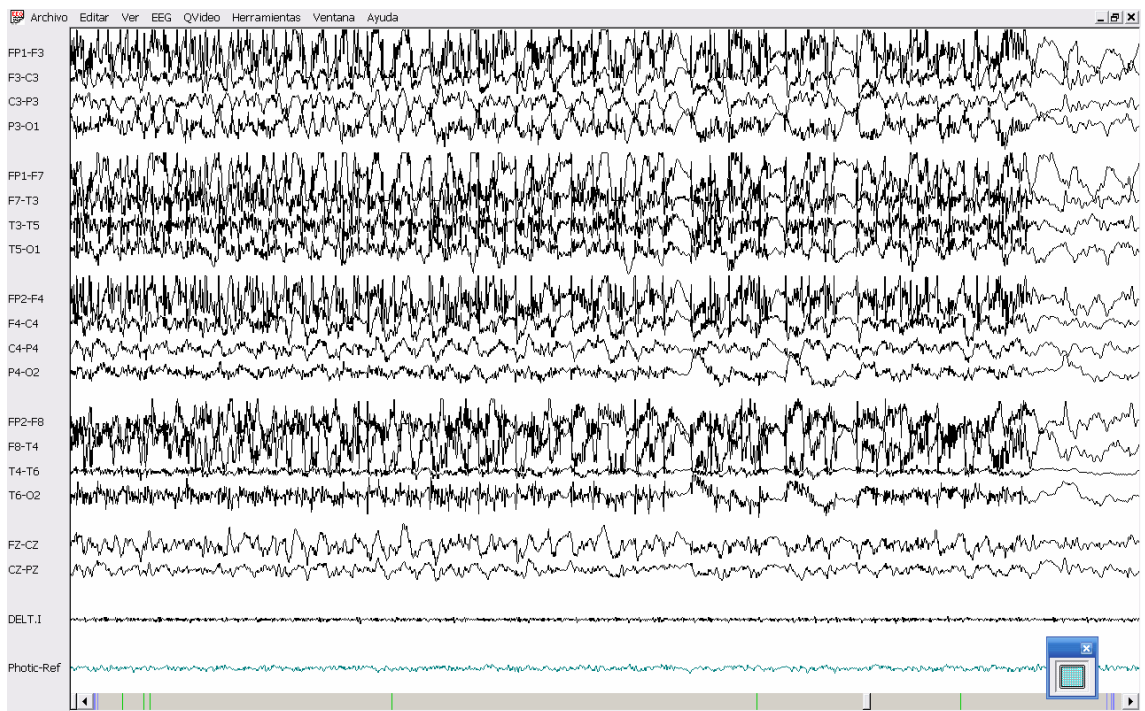
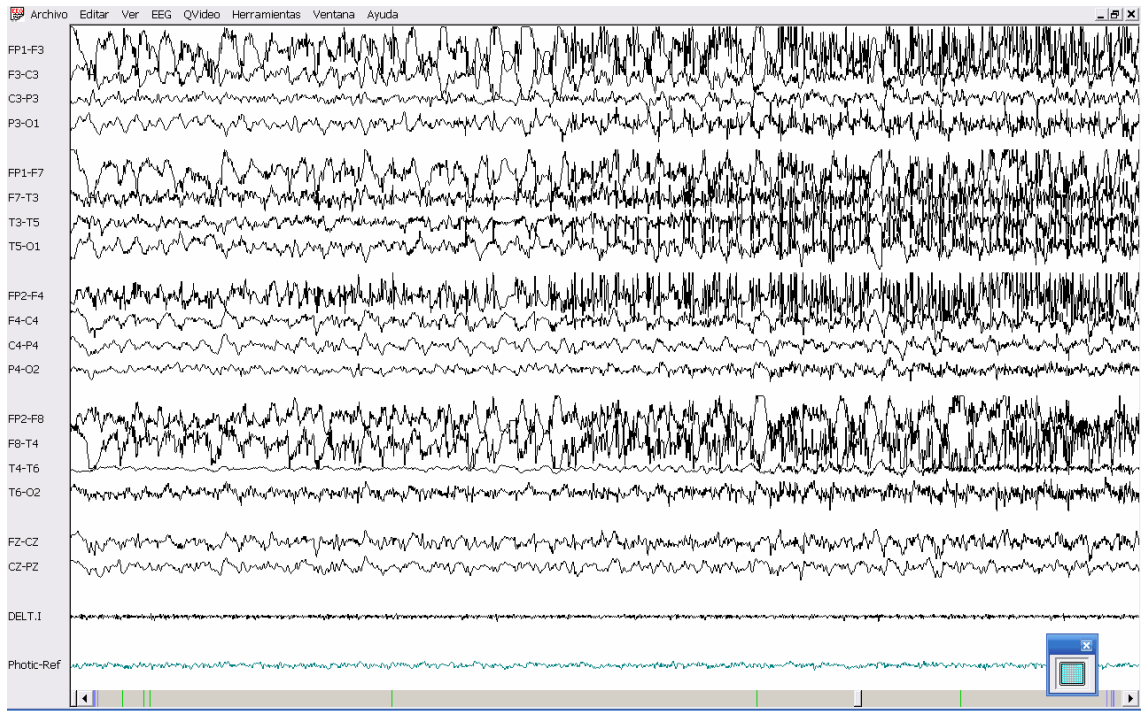


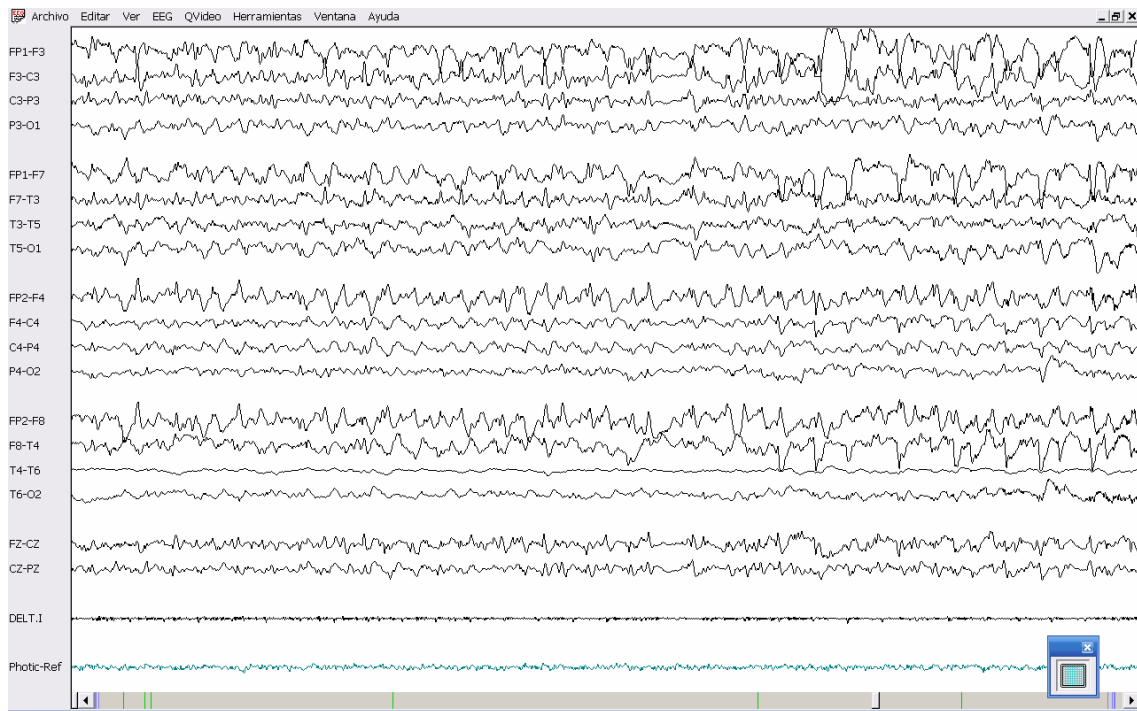




2nd EEG recording at 28 minutes. IV Clonazepam stopped the clinical episode but left frontal pseudoperiodic activity continued. Three more seizures were recorded. (15 mm = 1 sec; A = 50 mv)







3rd EEG recording at 30 minutes showing similar changes. (15 mm = 1 sec; A = 50 mv)