

Focal motor seizures of the abdominal wall

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Clinical Image

A 48-year-old gentleman presented to the emergency department with one episode of generalized tonic-clonic seizure and altered sensorium since then. On initial assessment, he was unresponsive (Glasgow coma score of E2V2M4), with focal motor seizure of the right abdominal wall and had hypertension. A bolus dose of intravenous midazolam led to rapid abatement of the seizures of the abdominal wall with improvement in the sensorium. Further investigations revealed T-wave inversions in leads 1 and aVL in the electrocardiogram, elevated troponin, bilateral cerebral infarcts in the magnetic resonance imaging of brain (Figure 1). Echocardiography showed a left ventricular thrombus with no vascular occlusion in the head and neck angiogram. A diagnosis of embolic cerebrovascular accident after acute myocardial infarction, with epilepsy partialis continua of abdominal musculature was made. Prompt recognition of focal motor seizures of abdominal wall by the emergency physicians is pertinent to terminate the epileptogenic focus.

