Predictive value of electrically induced seizures for postsurgical epilepsy

Engagement of cortico-cortical and cortico-subcortical networks

Peripheral nerve imaging in amyotrophic lateral sclerosis

Precision mapping of the epileptogenic network with low- and ictal stereo-electroencephalography onset patterns of mesial epilepsy

CONTENTS

A standardized nomenclature for spectrogram EEG patterns: Inter-rater agreement and correspondence with common intensive care unit EEG patterns (pages 2298–2302)".

About the cover: Quantitative EEG Spectrogram Nomenclature. Representative examples of the spectrogram nomenclature are shown. The scalp is divided into 4 different regions for spectrogram construction: left frontal (Fp1, F7, T3, O10); right frontal (Fp2, F8, T4, O2); left parietal (P3, Pz, O1); right parietal (P4, O2). Each spectrogram image has six panels: left frontal (LF), right frontal (RF), left parietal (LP), right parietal (RP), left temporal (LT), right temporal (RT). Each spectrogram image shows one hour of recording. The vertical axis represents the spectrogram frequency from 0–20 Hz. "Solid flames" are characterized by an abrupt appearance of higher power and bandwidth, and have regular and have smooth edges. "Irregular flames" are characterized by choppiness and do not have smooth edges or a regular appearance. "Broadband-monotonous" is characterized by a sustained high power level in the high-frequency range (yellow/orange) with minimal variation within the high-power band. "Narrowband-monotonous" is characterized by a sustained lower frequency band of high power (yellow/red) with minimal variation within the high-power band.

For details see the article by Zafar et al. in this issue: Multivariate analysis of the frequency bands and their interactions in amyotrophic lateral sclerosis (pages 2204–2208).
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Clinical neurophysiology is dedicated to fostering research and publishing scholarly reports on the pathophysiology underlying diseases of the peripheral and central nervous system. Articles deal with neurological clinical trials that use neurophysiological measures to document change or neurophysiological techniques for treatment are encouraged, as are manuscripts reporting on data obtained through peripheral and central nervous function including, but not limited to, functional MRI, brain mapping, EEG, fMRI, ultrasonography, and other neuroimaging modalities. Studies on normal neurophysiology will be considered, in particular if directly related to clinical neurophysiology. Manuscripts and ancillary reports must have clear relevance and applicability to human disease. Case reports are not accepted as full-length submissions but occasionally may be considered as peer-reviewed letters, if involving substantial advances in clinical neurophysiology covers epileptology, developmental clinical neurophysiology, and psychophysiology. Studies on behavioral disorders, attention disorders, anxiety disorders, neural plasticity and recovery, intraoperative and ICU monitoring, and therapeutic clinical neurophysiology including non-invasive and invasive brain stimulation.

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