

—— 招日研究助成報告 ——

報 告 者	近藤 聡彦
所 属 機 関	静岡てんかん・神経医療センター
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研 究 者	Ela A. barcelon
所 属 機 関	University of the East Ramon Magsaysay

当院の研修システムでは、体系的な教育コースとしては脳波研修コースがあり、それ以外の臨床研修として発作ビデオ研修会、Clinical conferenceがあります。また、実際の臨床に即した研修として、初診外来への参加、病棟回診への参加（週に2-4回）、外科カンファレンス、病棟カンファレンスへの参加などがあります。また、研修生はこれまでに当院で記録された発作時ビデオ・脳波を閲覧することで発作症状を自習することもできます。これらの複合的な研修体制に加え、様々な場面で当院のスタッフと議論することで、様々なレベルの研修に対応ができるようになっております。

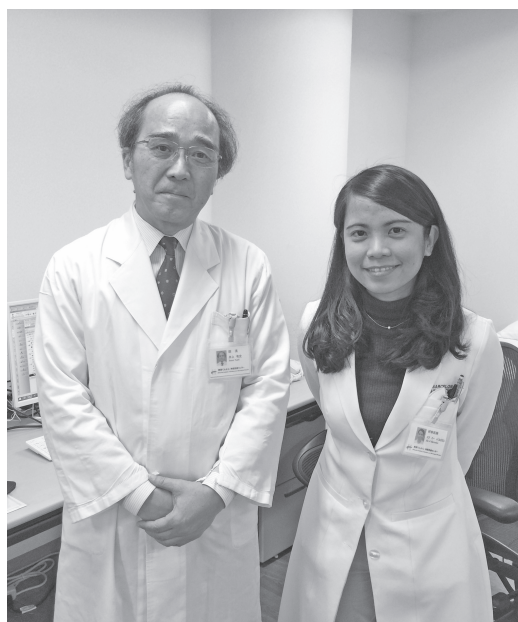
Ela A. Barcelon先生は2017年6月に来院されました。来日当初から日本語を積極的に使うことを心がけられ、全体を通し常に前向きで真摯にまなばれておりました。

脳波研修コース、そして発作ビデオ研修会では常に最前列で聴講され、質問などは若干少なかった印象ですが、内容のすべてをノートを取っておられました。脳波研修コースでは毎回脳波のレポートを提出していただいておりますが、Ela先生のレポートは基本に忠実な報告が多かった印象です。

初診外来、病棟回診、各種カンファレンスについても常に出席され積極的に勉強をされておりました。中でも特筆すべきは、包括医療に対する理解かもしれません。ご本人のレポートにも記されておりますように、この研修中、てんかんの診断、薬物治療、外科的治療、食事療法、迷走神経刺激療法など様々なことを研修されておりました。しかし、Barcelon先生はこれらに加え、てんかんにまつわる社会的、心理的支援に関する側面も研修されました。このこと

は、今後のフィリピンにおけるてんかんの包括診療の発展に大きく寄与するものではないでしょうか。

昨年に続き本年もフィリピンからの研修生を受け入れましたが、フィリピンの先生の熱意、真剣さ、吸収力は素晴らしいものがあるように思われました。この様に勤勉で能力のある先生が当院で研修され、単なるてんかんの診断と治療だけではなく、社会的、心理的支援まで勉強されたということは、今後のフィリピンでのてんかん診療の発展にとって非常に有用であるものと推察されます。Barcelon先生が帰国された後は、日本での経験を活かし、フィリピンのてんかん診療のさらなる発展に貢献をされることを願っております。



井上有史院長と、当院外来診察室にて

Fellowship Training Program in Epileptology & Clinical Electroencephalography
Summary Report
ELA A. BARCELON

After undergoing a 6-month fellowship training in Shizuoka Institute of Epilepsy and Neurological Disorders, I am delighted to report that I have gained a good foundation in the technical, interpretative, clinical aspects of electroencephalography and in clinical epileptology.

Out-Patient Clinics and In-Patient Rounds

My daily attendance at the out-patient clinic allowed me to see a total of 191 patients, majority of which are refractory to medical treatment. Aside from this, I was able to attend to 20 sessions of weekly rounds and discussion on difficult to treat and interesting epilepsy cases admitted in the wards.

Because of such, I was able to improve my basic knowledge on epileptology learned about risk factors for seizures and epilepsy, genetics, and common epilepsy syndromes. My knowledge on such gained a stronger foundation because I was able to apply them in the clinical setting. My skill in the distinction of epileptic seizure from other non-epileptic paroxysmal events was also honed. Because of this substantial number of epilepsy patients I have seen with consultants, I have acquired more knowledge and improved my skills in the integration of the clinical history, neuroimaging studies (MRI, CT scan, SPECT), occasionally sensory evoked potentials (SEP), and electroencephalography to the construction of a precise list of differential diagnoses, the identification of a correct diagnosis and the formulation of comprehensive individualized treatment management plan for the patients.

I have gained considerable depth in the knowledge of neuropharmacology of different antiepileptic drugs. Furthermore, I have developed familiarity in the selection of patients who may be candidates of epilepsy surgery. Nonetheless, my awareness for the other treatment modalities for epilepsy such as vagal nerve stimulation or ketogenic diet remained.

My learning on clinical epileptology was not limited to the basic science and clinical aspect only. In depth discussion with my consultants during clinic hours allowed me to gain keen awareness on the relevant social and psychosocial aspects of epilepsy, which I have been guilty of neglecting before my training. More specifically I have learned about the guidelines on practical activities concerning epilepsy patients such as driving, employment, school, and participation in sports. Additionally, pregnancy in patients with epilepsy were also tackled. Furthermore, psychiatric symptoms that more often than not come with epilepsy were also discussed.

I have learned to take all of these aspects into consideration, not just into the formulation of a treatment plan but also into prognostication.

Epilepsy Surgery

I was able to attend to 22 neurosurgical rounds and 19 neurosurgical conferences. The regular weekly neurosurgical rounds and conferences conducted by the hospital paved the way for my acquisition of knowledge on epilepsy surgery. I became accustomed to pre-surgical evaluation of surgical-candidate epilepsy patients. I have learned the importance of a thorough examination of different diagnostic modalities such as video EEGs, CT Scan, MRI, ictal and interictal SPECT, FDG-PET, and MEG, to localize the possible epileptogenic zone. Likewise, I have gained familiarity in

the common cognitive function tests used for evaluation and I have learned to recognize their role on the decision-making on what is the most prudent subsequent step to undertake (i.e. proceeding with invasive tests or as to what is the surgical procedure of choice).

Moreover, I have learned more about the prognosis and treatment outcomes of epilepsy surgery. In addition to this having been exposed to procedures such as frontal lobe lobectomy and subdural electrode placement for intracranial EEG monitoring, the technical aspects of epilepsy surgery became more familiar to me.

EEG Reading, Lectures, Video Interpretation, iEEG interpretation

I was able to review a total of 1,017 routine EEGs. Hence, I have gained experience, acquired the knowledge and skills needed to become proficient in the interpretation of electroencephalograms of patients with epilepsy. Additionally, I developed proficiency in writing a concise and comprehensive electroencephalogram reports.

The regular EEG lectures also improved my knowledge in electroencephalography. Among the topics that were covered include: *EMU Safety, EEG Recording Techniques, Principles of EEG Instrumentation, Normal Variants in EEG, Interictal and Ictal EEG, Very High and Low Frequencies in EEG Activities / Broadband EEG*.

Furthermore, I was able to participate in the seizure classification and video EEG interpretation of 190 cases. Because of these weekly video EEG sessions, I have acquired competency in the interpretation of video EEG recordings and developed my skill in seizure classification.

I have attended 2 sessions of intracranial EEG analysis and my participation allowed me to become familiarized with the process. In one of these, I was able to participate in the direct cortical electrical stimulation (DCES) mapping.

Journal Reading & Neurologic Conferences

Aside from the clinical activities, the hospital also conducts simultaneous journal reading and discussion lead by the director. I have attended a total of 13 journal reading sessions. Hence, these helped me become updated on the latest innovations or research studies which were not solely limited to epilepsy or EEG but also included other neurological disorders occasionally. Furthermore, the journal reading exercises helped me become a critic and readily recognize biases in studies. Likewise, my participation in the hospital's weekly neurology conference also helped in the expansion of my knowledge and at the same time intensified my interest in epilepsy research.

Summary of Activities

First Visit Patients Seen at the Clinic	191
EEG Read/Reviewed	1017
EEG Lectures Attended	8
Epilepsy Cases Rounds (A6)	20
Neurosurgery Conferences Attended	19
Neurology Conference Attended	14
Video EEG Sessions Attended	190
Neurosurgery Epilepsy Cases Rounds (A3)	22
Journal Reading Sessions Attended	13
Direct Cortical Stimulation (ECoG)	1
Intracranial Electrode Placement	1
Frontal Lobe Lobectomy Surgery	1

