Answers

1. **EEG 1 – absence status**

EEG 1 shows the characteristic 2.5–3 Hz spike and wave pattern of absence epilepsy. Absence status may present as confusion and is one of the important treatable causes of dementia. A previous history of epilepsy is typical. De novo absence status is a specific epileptic condition that should be suspected in all elderly patients on chronic treatment with psychotropic drugs presenting in a confusional state, particularly following benzodiazepine withdrawal. An urgent EEG is essential to confirm the diagnosis. Most cases resolve with oral medication over a matter of days.

**Further Reading**


2. **(c) give course of IVIg or plasma exchange**

His myasthenia is slipping out of control. The point here is that he is unlikely to respond simply to additional cholinesterase inhibition. Steroid treatment would be an effective treatment, but slow to work and in the context of swallowing difficulties a rapid response is required.

**Further Reading**


3. **Adrenoleukodystrophy.**

This man has Addison’s disease, as part of adrenoleukodystrophy. In addition to hypotension, weight loss, anorexia and weakness, melanotic hyperpigmentation of the skin and inside the mouth is sometimes seen.

**Further reading**


4. **Lambert Eaton myasthenic syndrome (LEMS)**

A sneaky question. Following the first stimulation the patient contracted his muscle for 15 s, potentiating the response. He then relaxes, leading to a return of the baseline response amplitude. This is the electrophysiological counterpart of the postexercise facilitation seen on reflex testing.

**Further reading**