



# EEG INTERPRETATION PRINCIPLES

Chusak Limotai, MD.

Chulalongkorn Comprehensive Epilepsy Center of Excellence

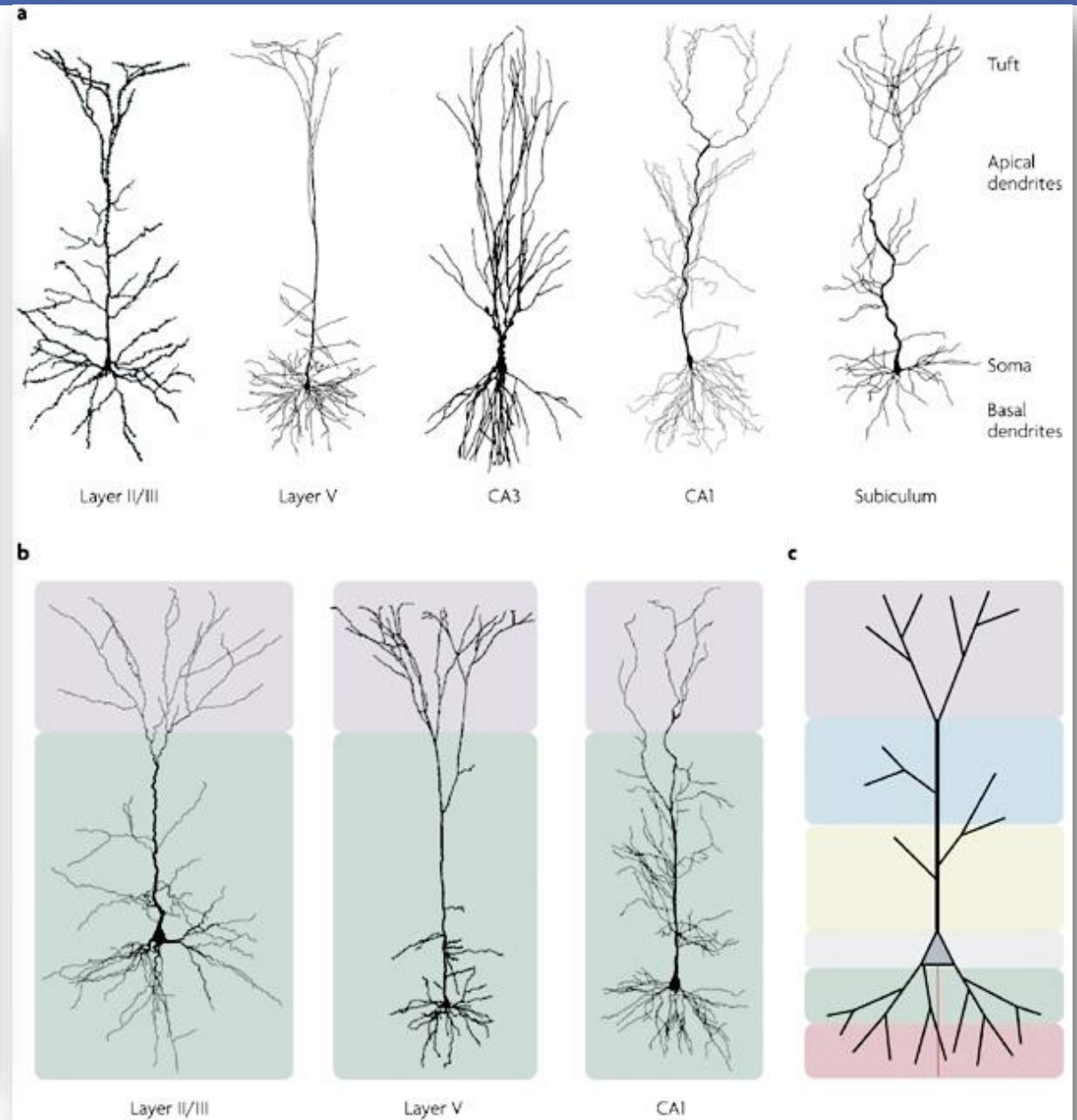
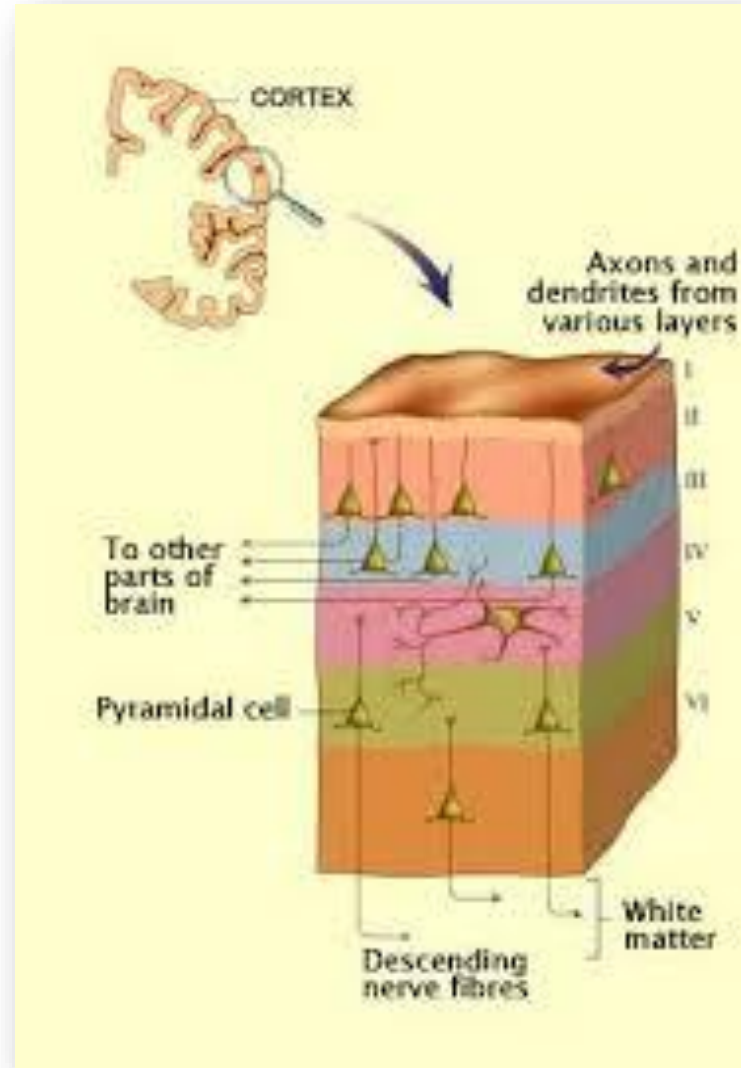
# Talk overview

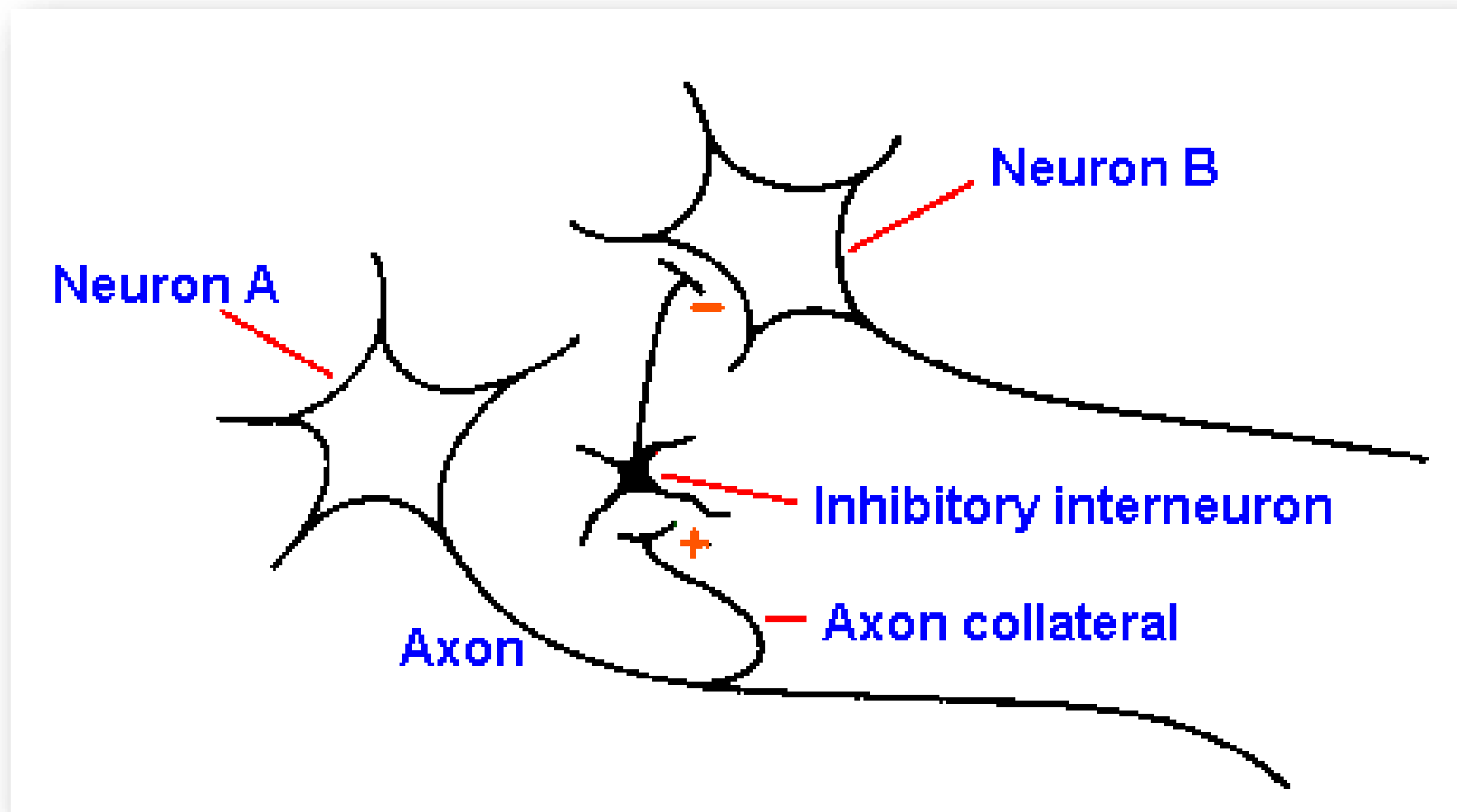
1. Generator of brain waves
2. EEG polarity
3. EEG montages
4. Systematic approach to EEG interpretation
5. Normal EEG patterns

# **1. GENERATOR OF BRAIN WAVES**

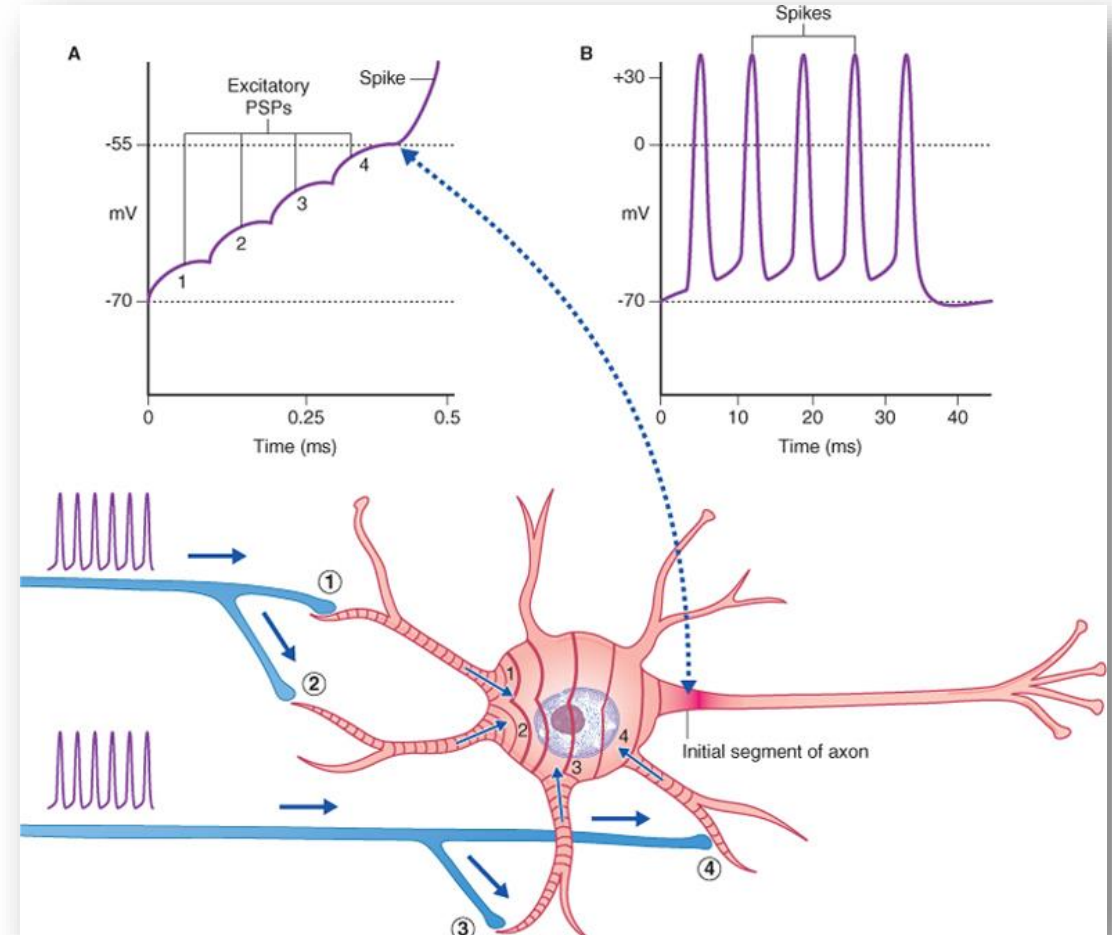
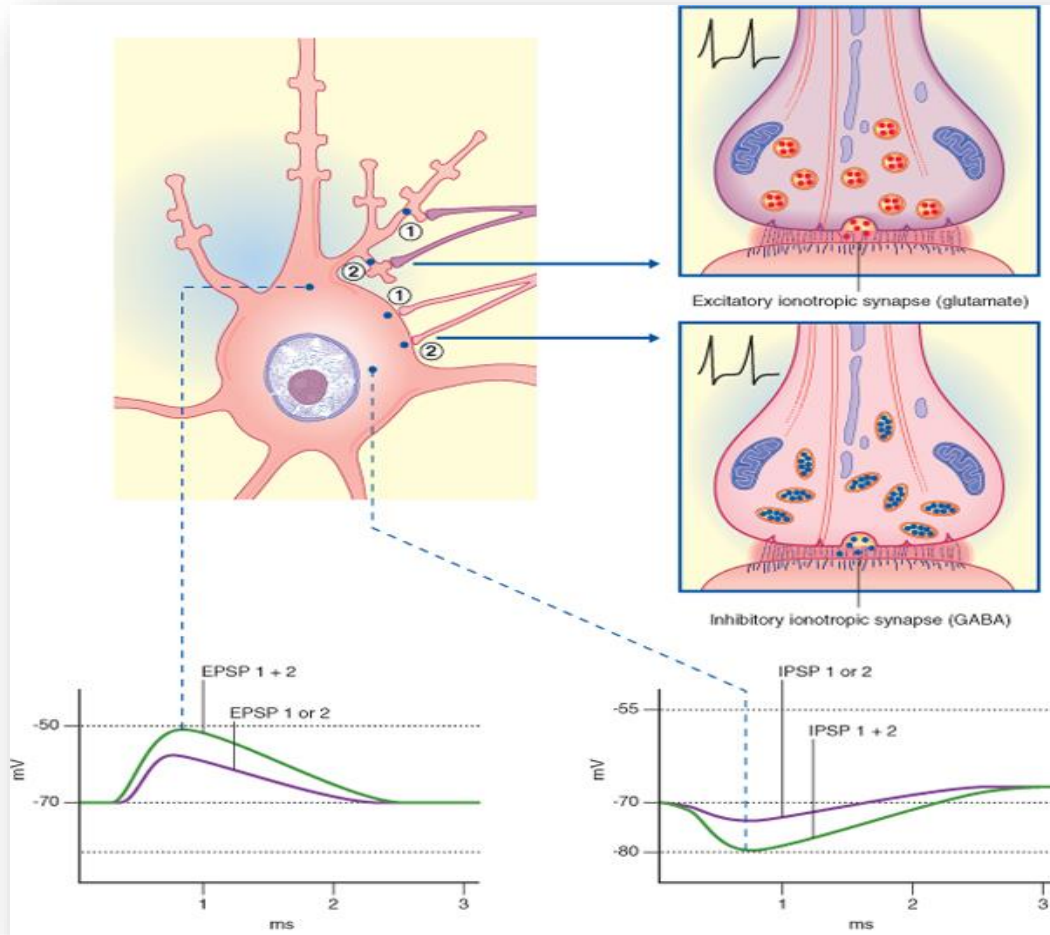
# The generator of EEG

- **EEG** = summation of postsynaptic membrane potentials of the cortical neurons (**NOT** summation of action potentials)
- Principal generators of EEG fields measured on surface of brain or at scalp are graded synaptic potentials (**EPSP, IPSP**) of the pyramidal neurons





# EPSP VS IPSP

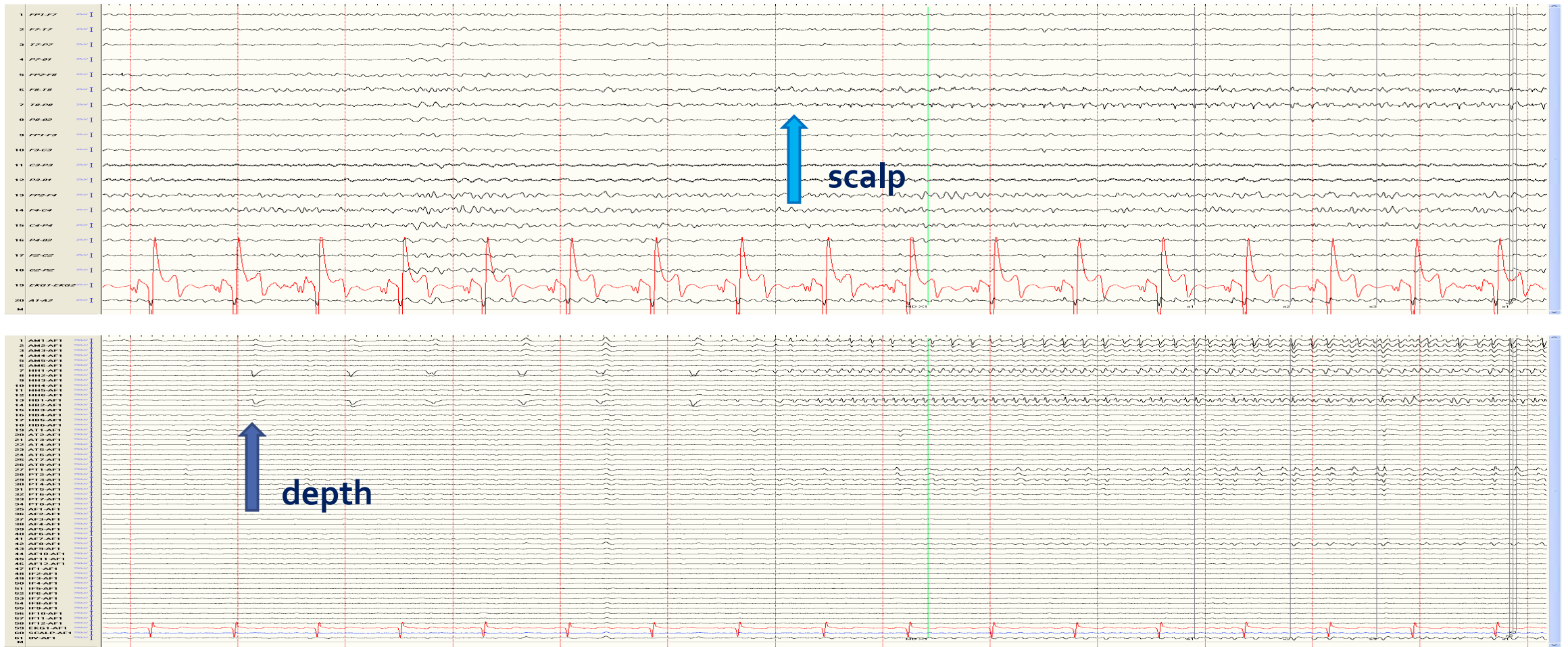


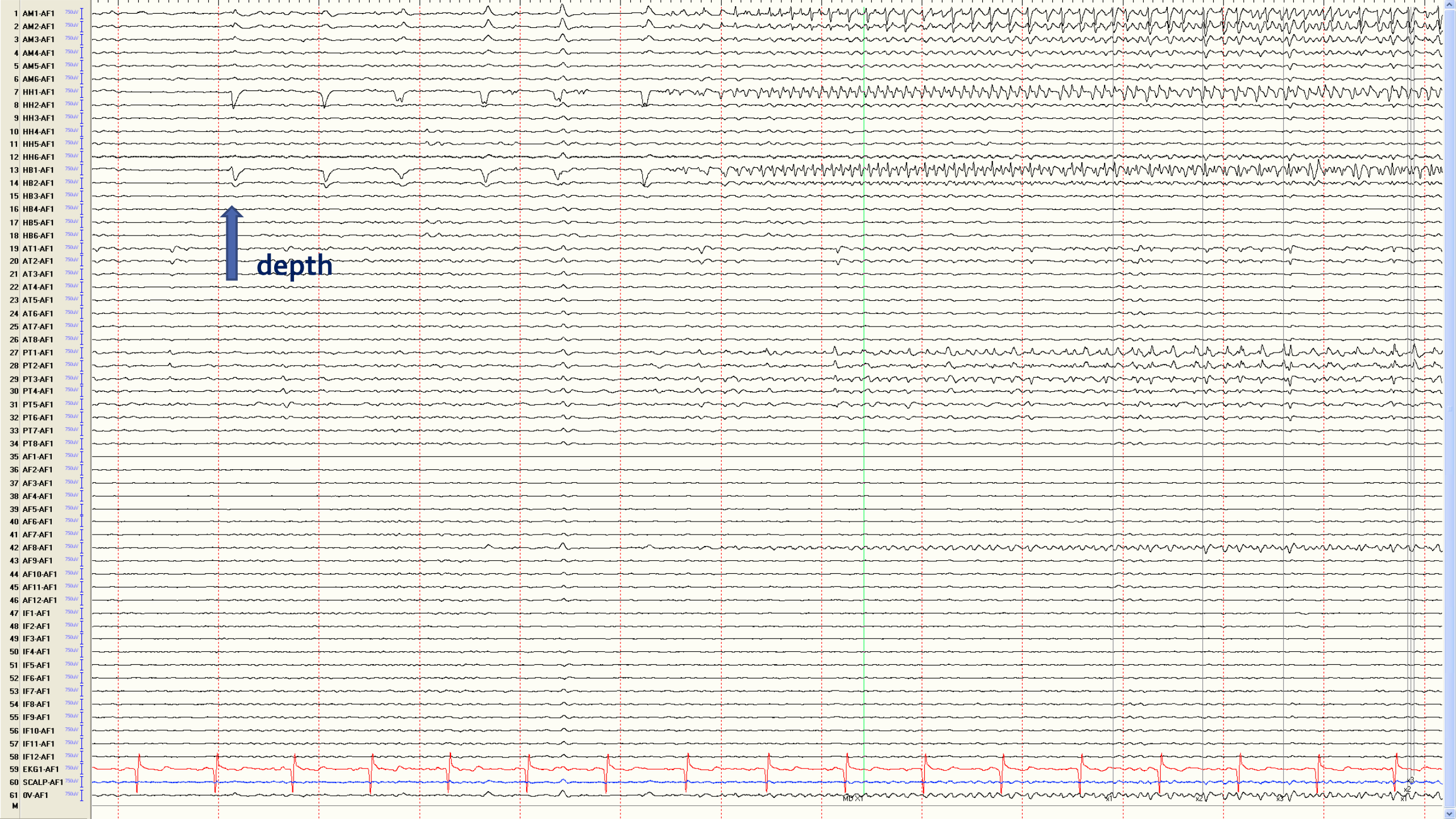
# The generator of EEG

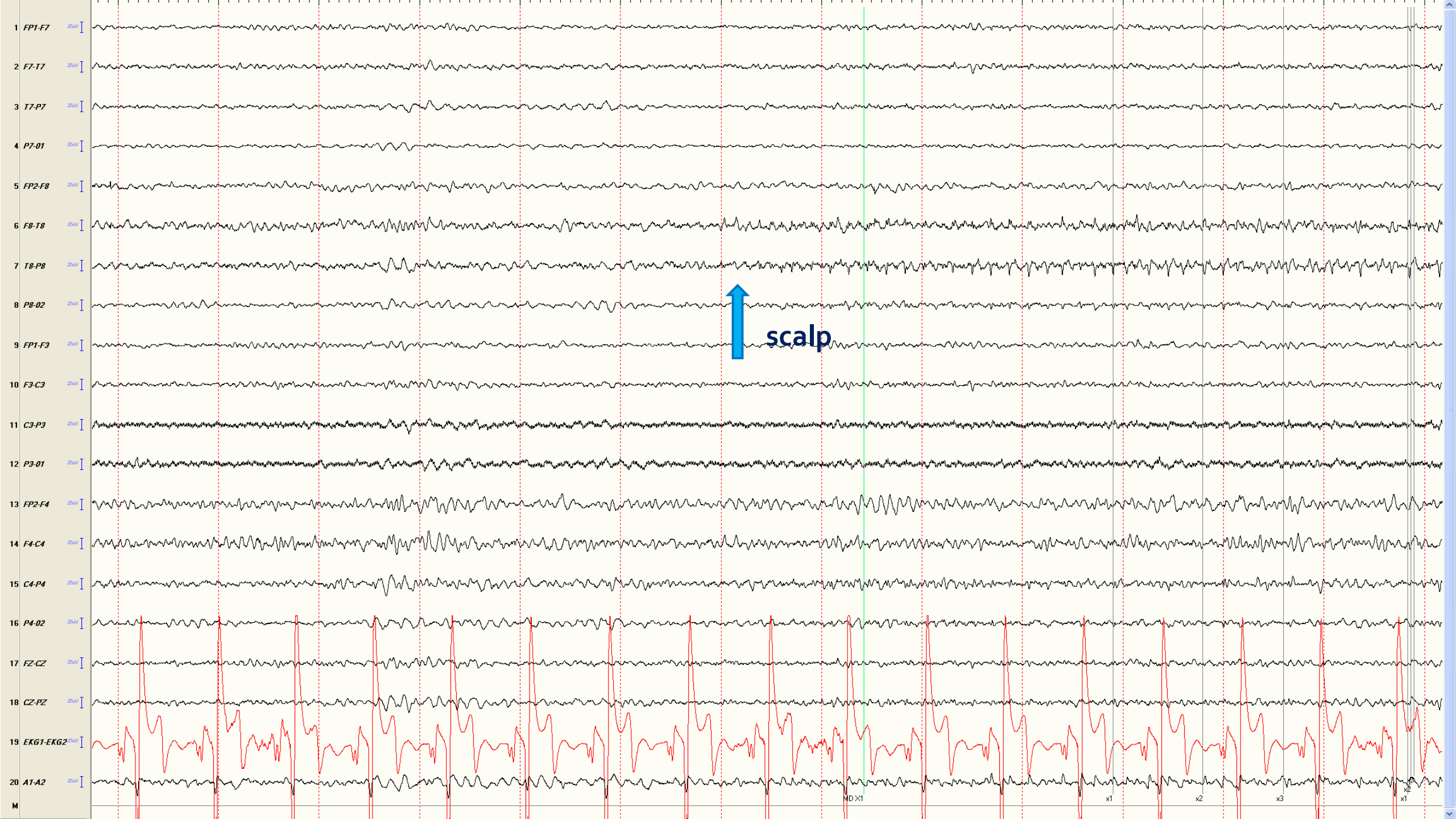
- A minimum cortical area of **6 cm<sup>2</sup>** is needed to create visible EEG
- EEG signal represent the summated electrical activity generated by large population of neurons ( $10^5$  or more), mainly from **cortical neuronal layers**



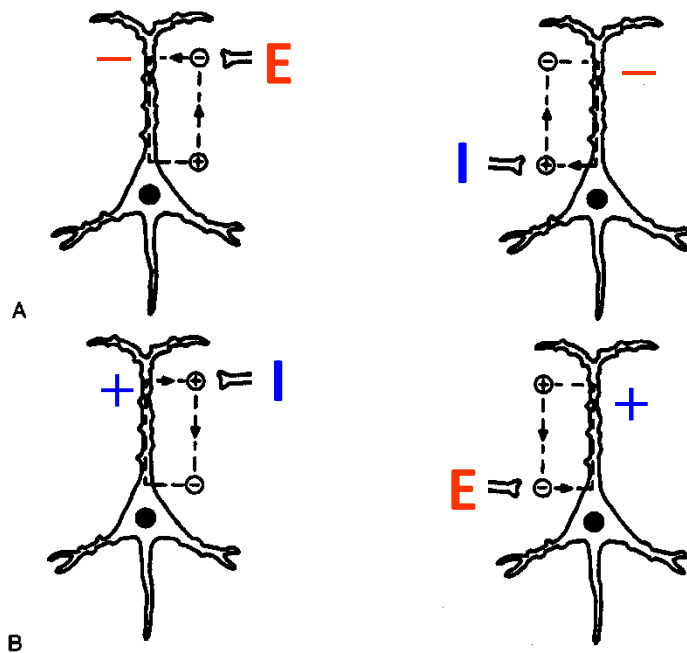
# Simultaneous scalp and depth electrode recording



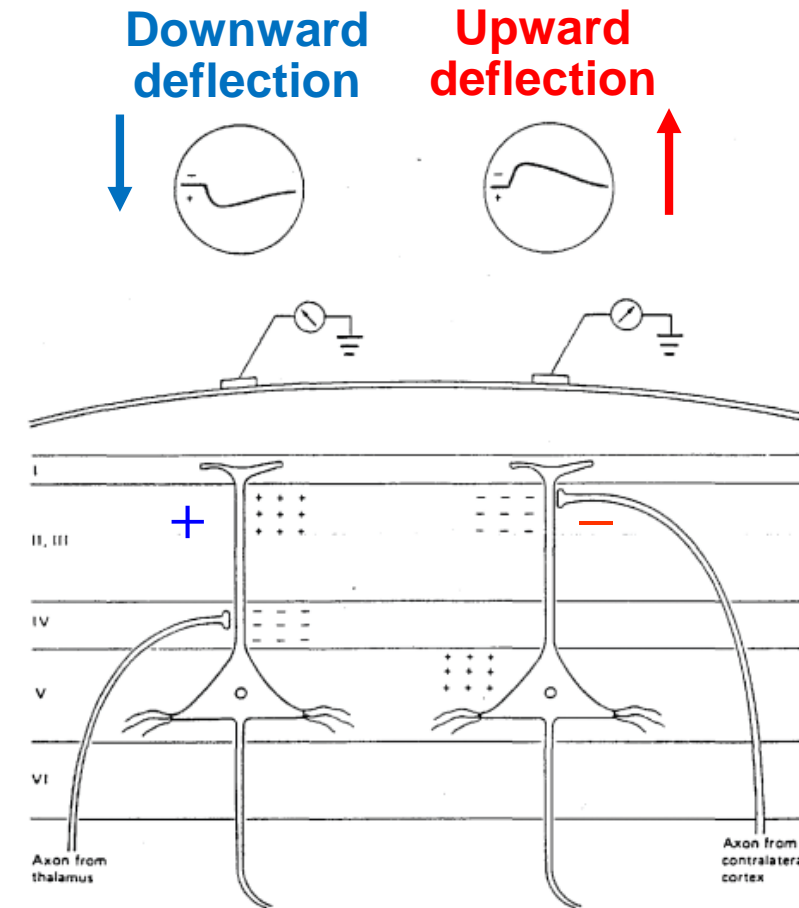




# Pyramidal cell as a dipole



**FIG. 4.1. A:** A pyramidal cell dipole that is surface negative and depth positive can be produced either by excitatory synaptic input at the surface or by inhibitory synaptic input in the depths. **B:** Conversely, a pyramidal cell dipole that is surface positive and depth negative can be produced by inhibitory activity at the surface-positive end of the pyramidal cell or excitatory activity at the negative end. See also Fig. 4.4.



**FIGURE 2.** Generation of extracellular voltage fields from graded synaptic activity (from Martin, 1991). Relationship between polarity of surface potentials and site of dendritic postsynaptic potentials.

**Large vertically oriented pyramidal neurons in cortex layers III, V and VI**

**SPIKES**

**Focal**

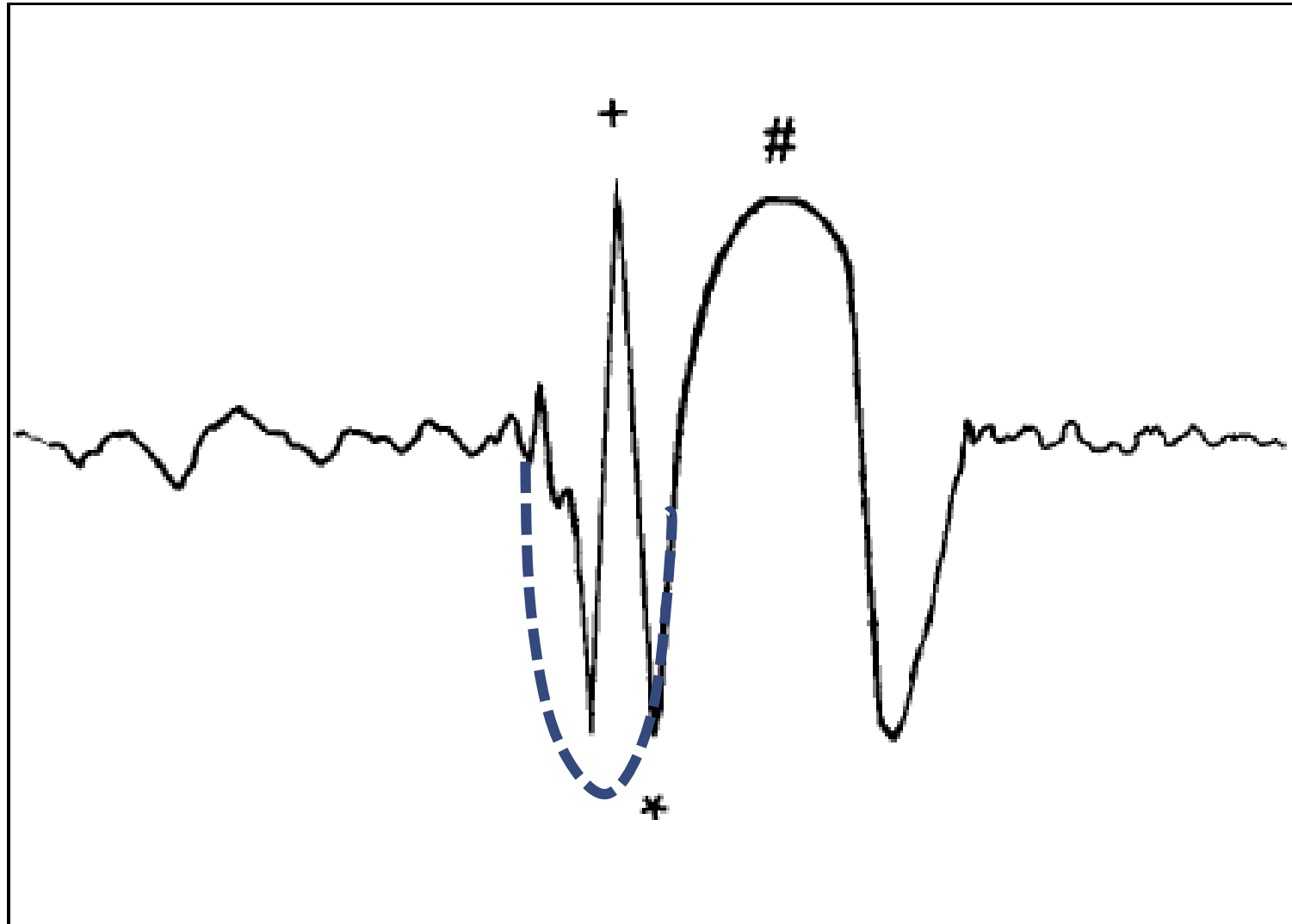


**SPIKE - AND - WAVE**

**Generalized**



## Generalized spike-and-wave epileptiform discharges

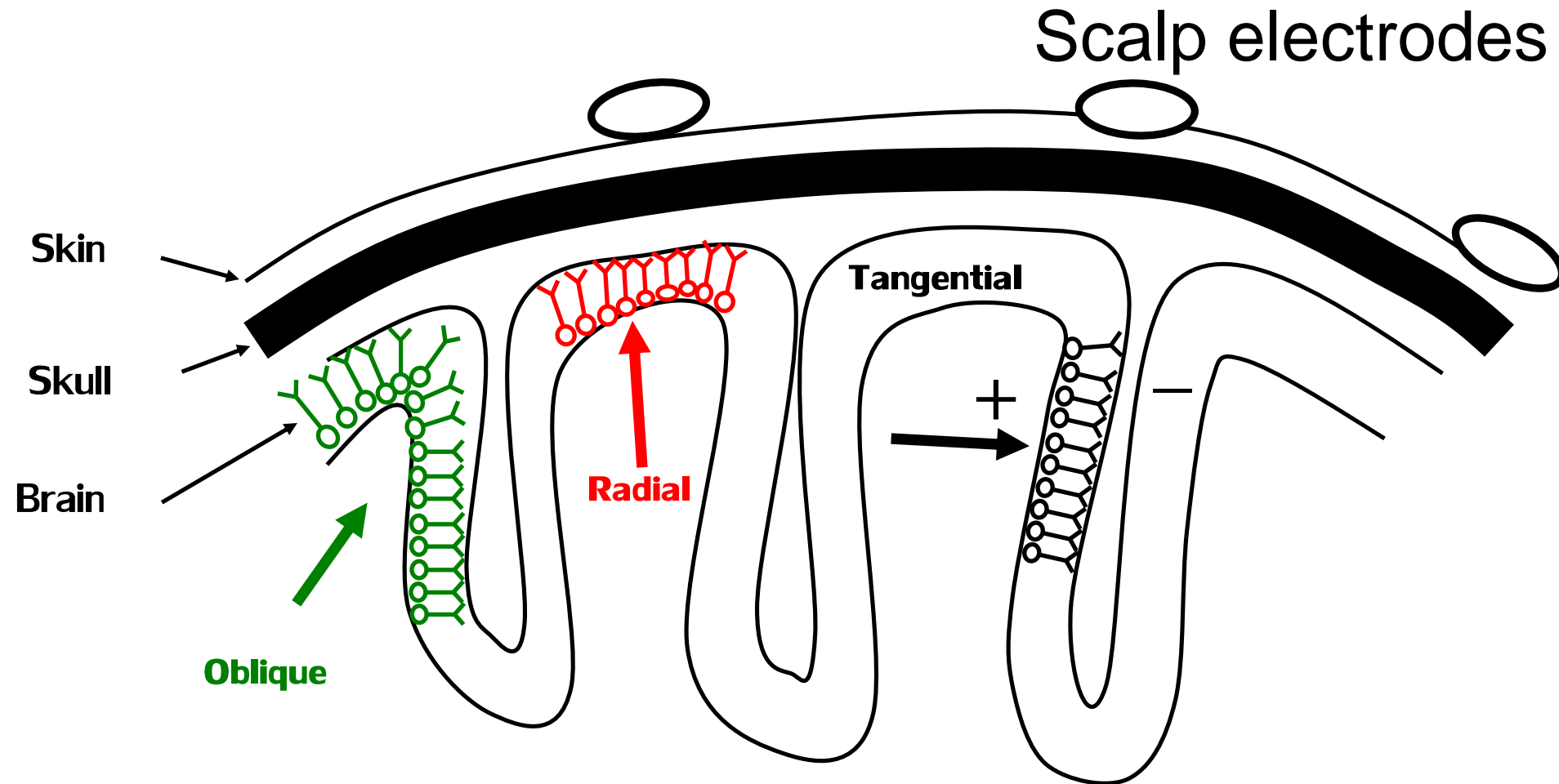


## **2. EEG POLARITY**

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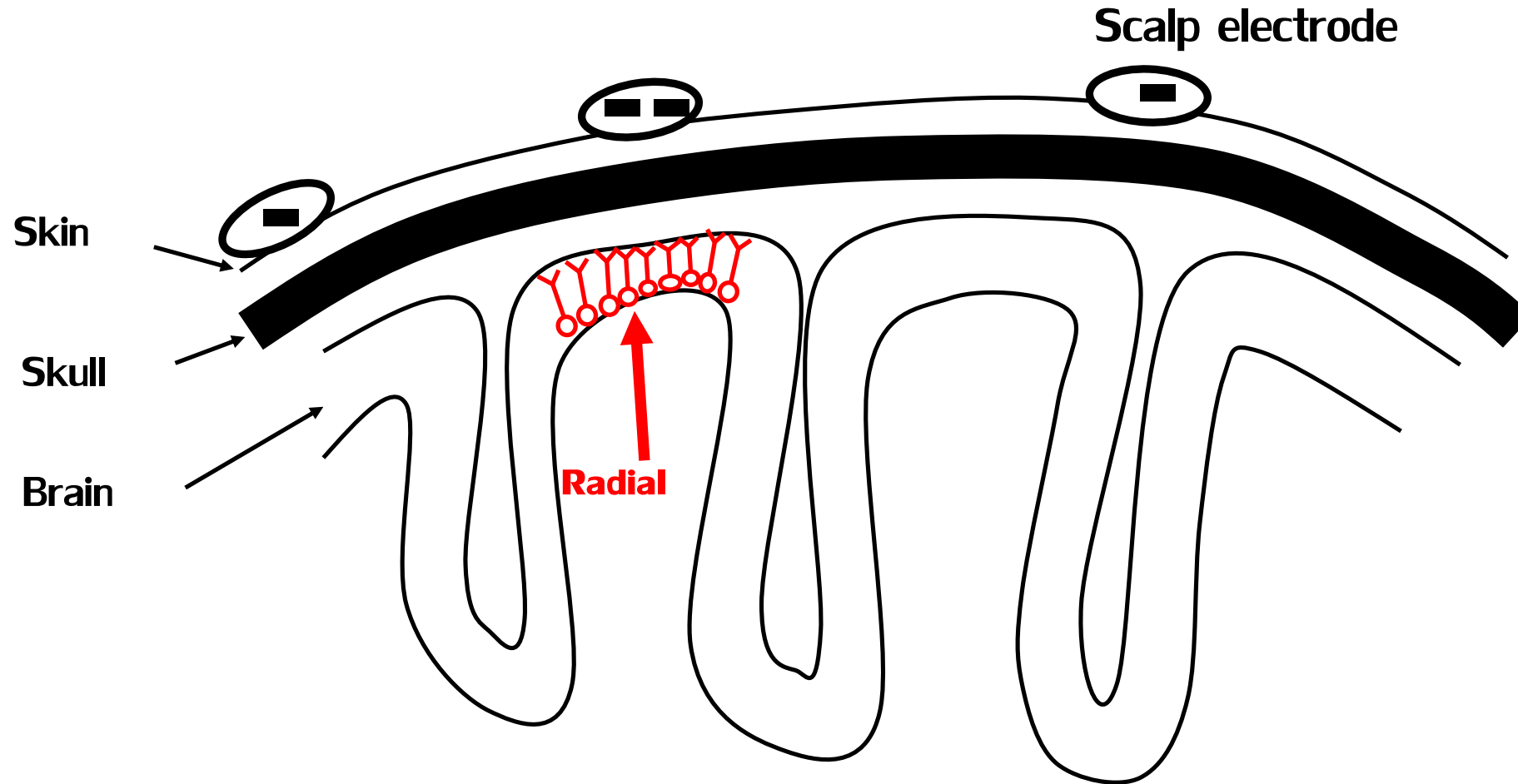
# Variety of neuronal positions





# Neuronal Positions:

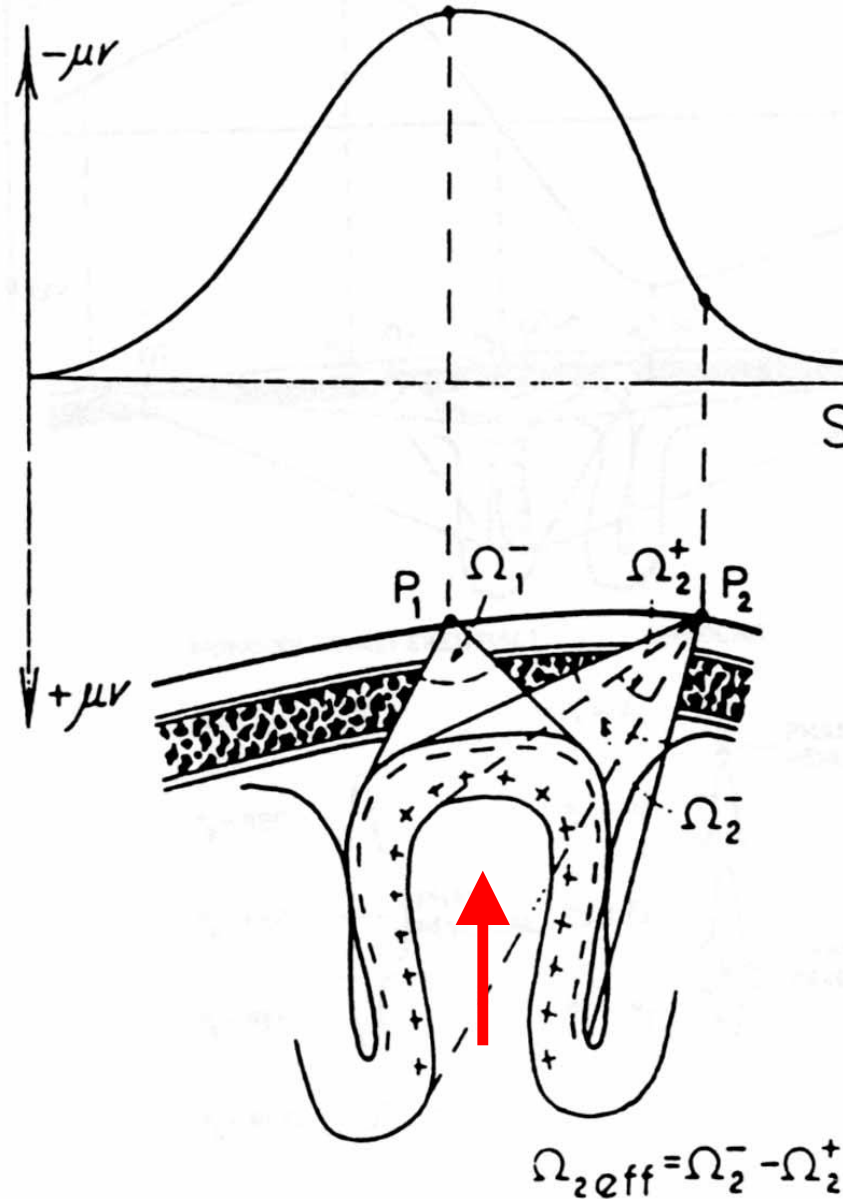
## Radial dipole



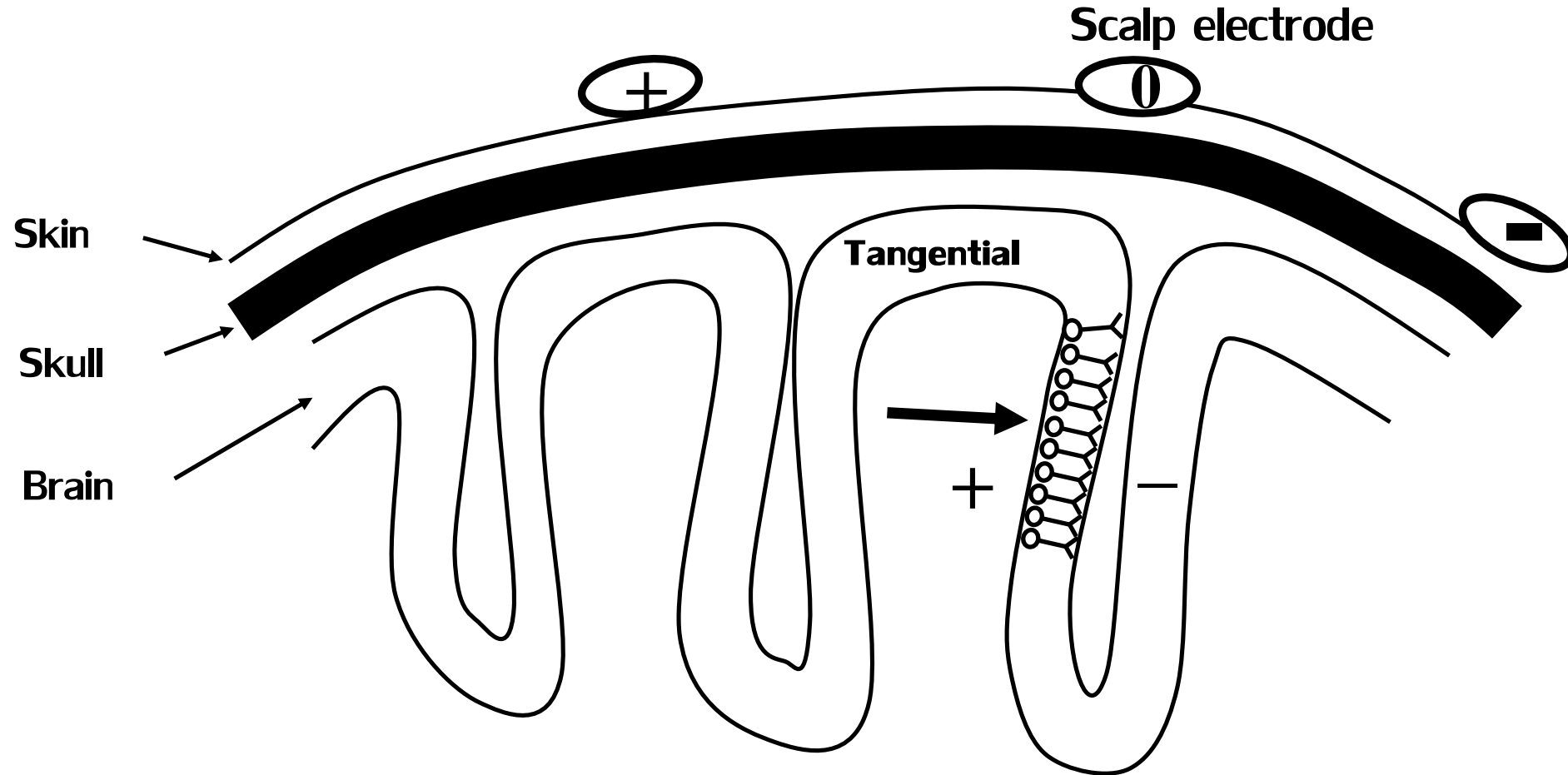
**Radial dipole  
(vertical)**

**Bell-shaped EEG  
voltage plot**

(Gloor 85)

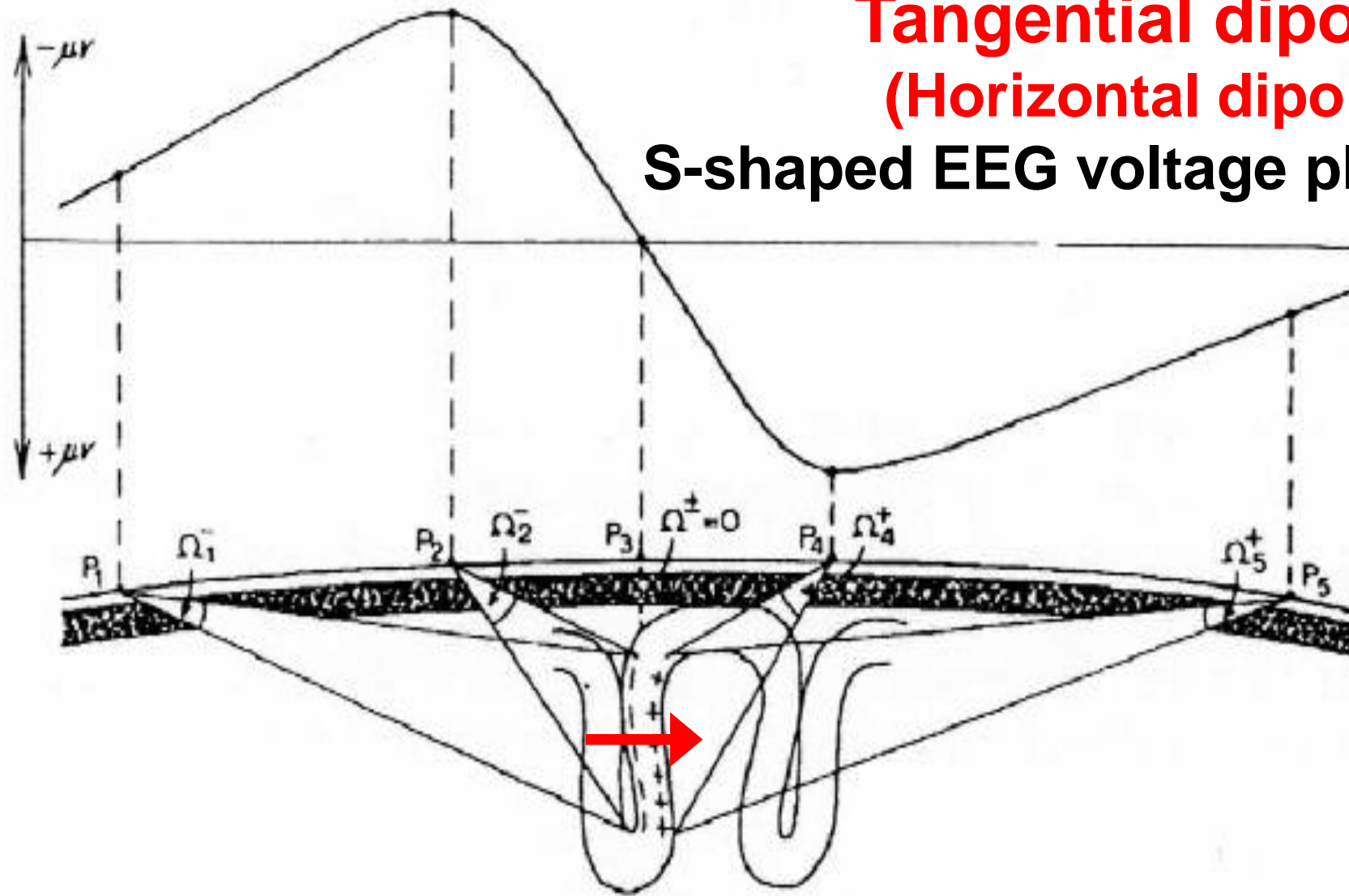


# Neuronal Positions: Tangential dipole

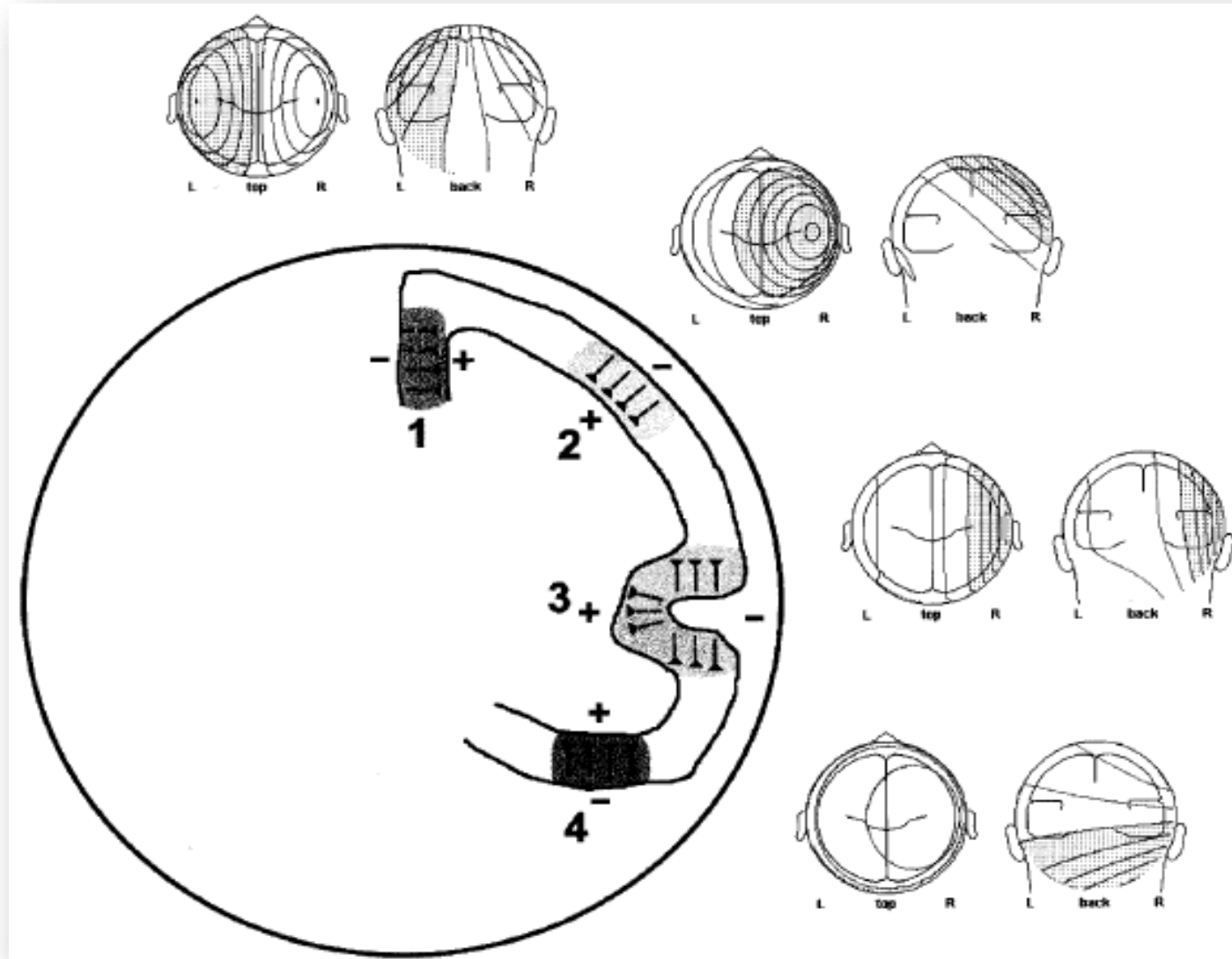


**Tangential dipole  
(Horizontal dipole)**

**S-shaped EEG voltage plot**

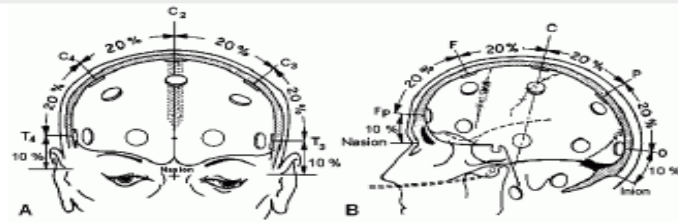


# Dipoles in different brain areas



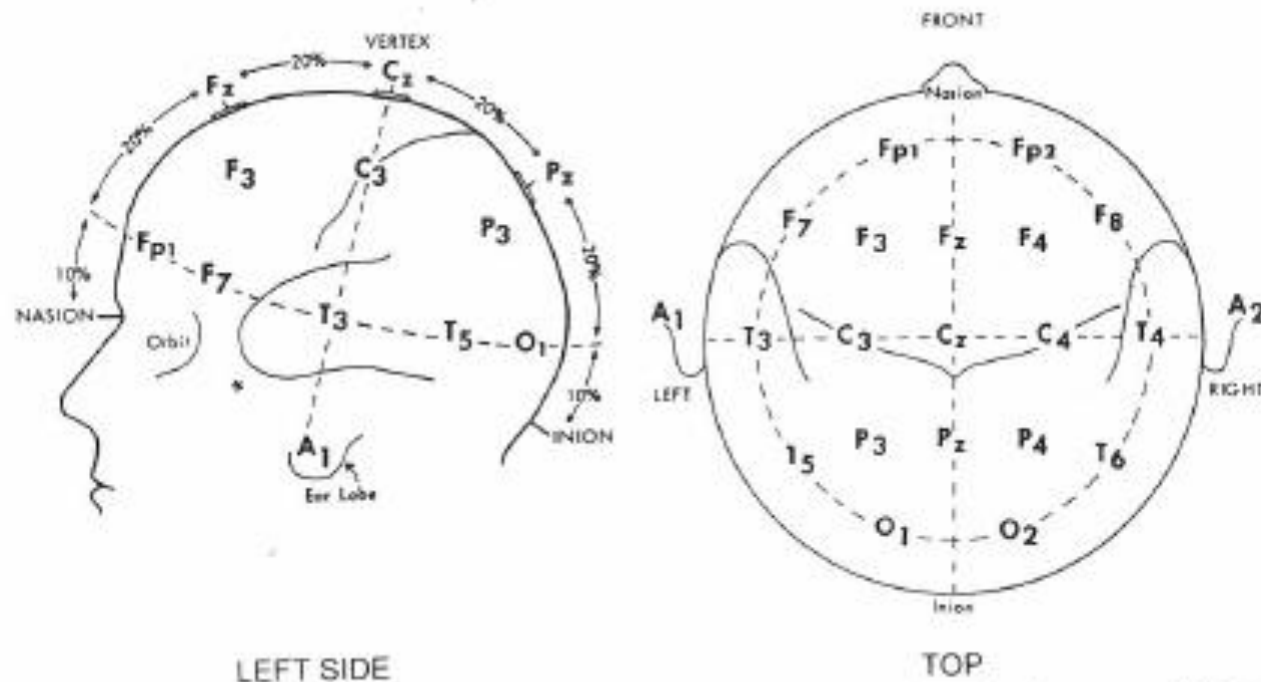
## **3. EEG MONTAGES**

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Dr. H. Jasper

## The 10-20 System of Head Measurement and Electrode Placement



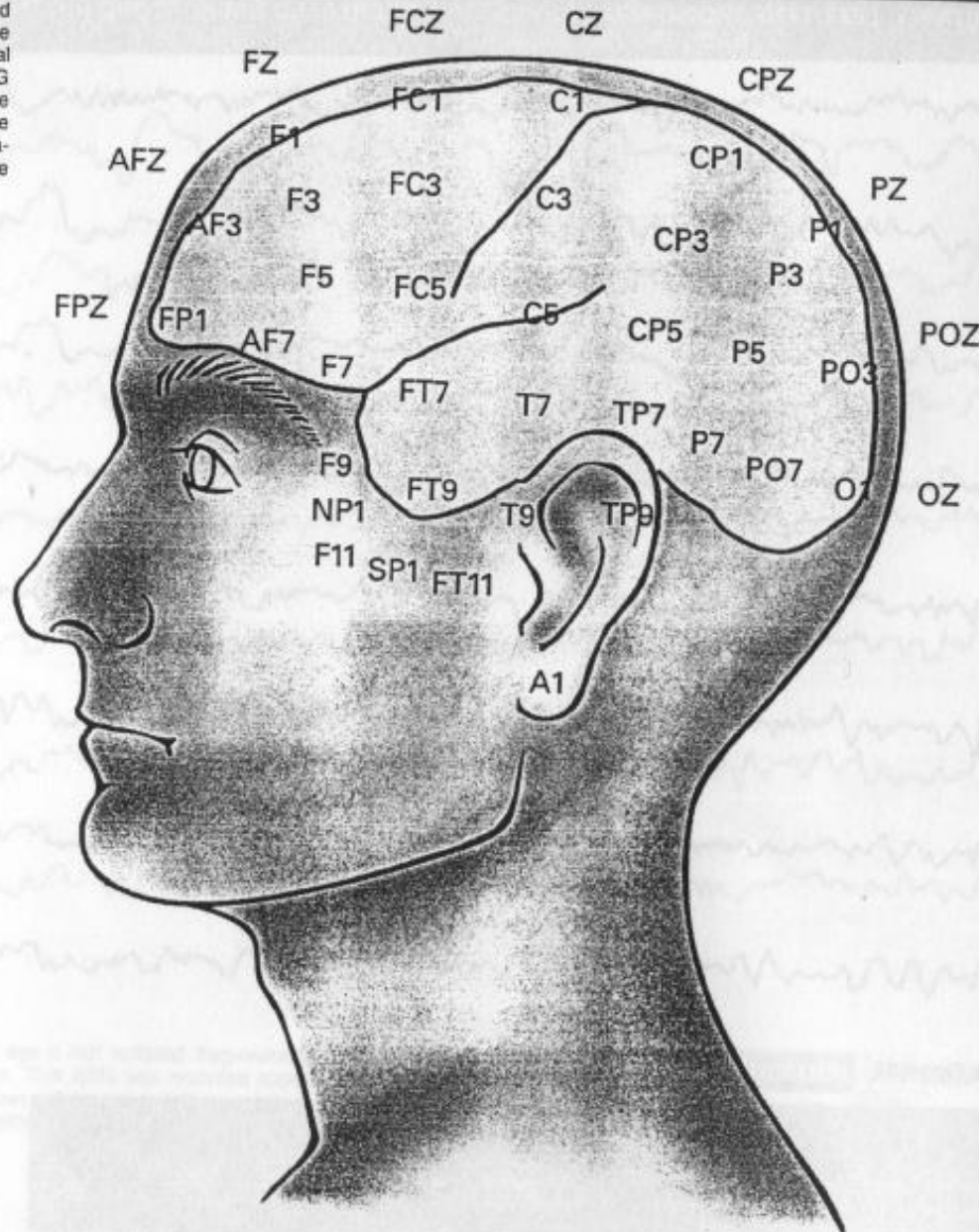
**Fig. 1-1. International 10-20 electrode placement system (Jasper, 1958).** Electrode placements indicated in this atlas conform to this system. \*Mandibular notch electrode (Sadler & Goodwin, 1989).





FIGURE 4. THE 10-10 SYSTEM

Additional electrodes are placed equidistant with respect to the electrodes of the international 10-20 system (American EEG Society 1991). In addition, the approximate position of the sphenoidal (SP1) and nasopharyngeal (NP1) electrodes are shown.



# 10-10 system

Odd number: left hemisphere

Even number: right hemisphere

F = Frontal

Fp = Frontopolar

T = Temporal

C = Central

P = Parietal

O = Occipital

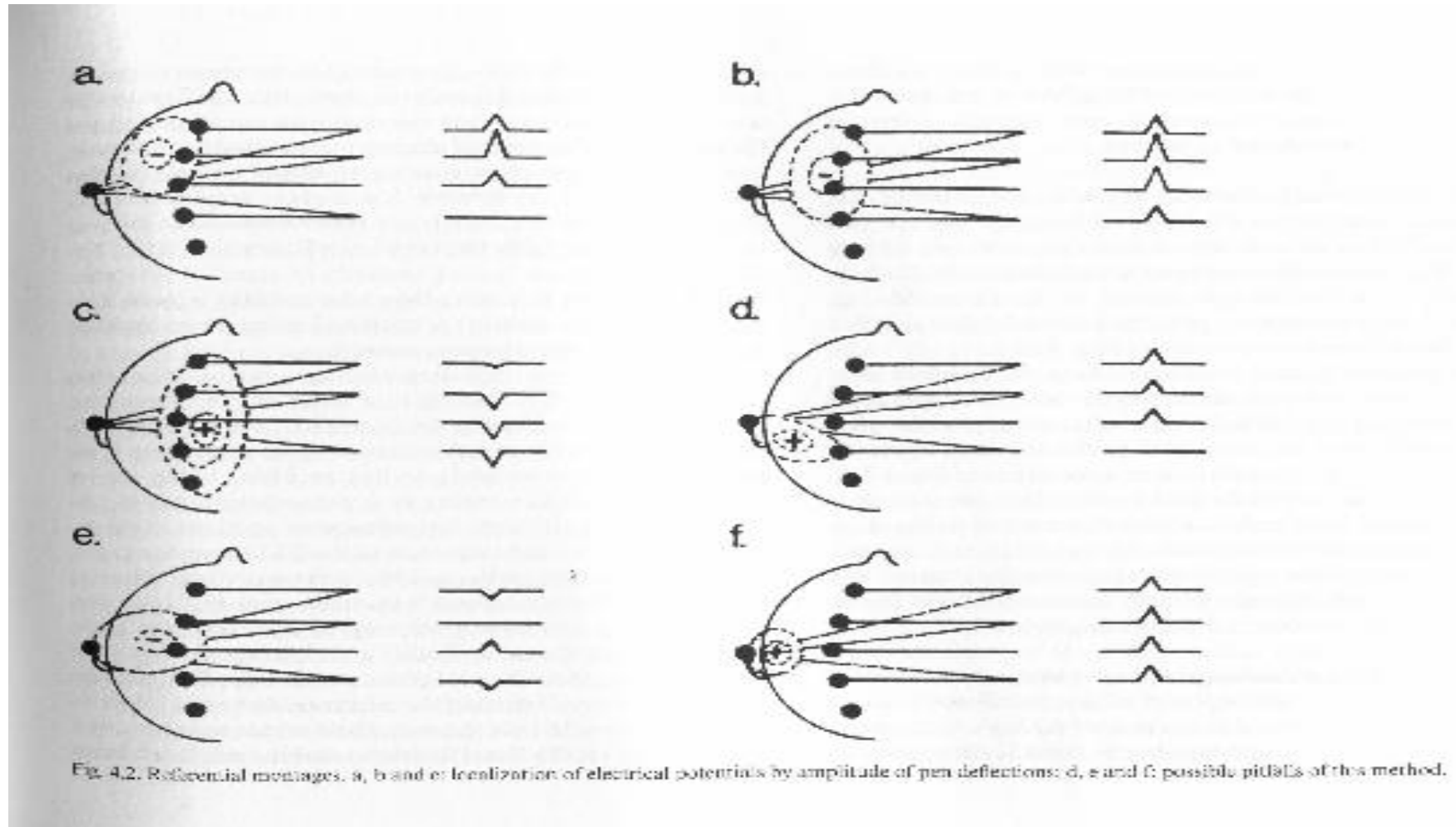
Cz = midline central

A = Ear

SP = sphenoid



## Graphic representation of difference in voltage between two different cerebral locations plotted over time



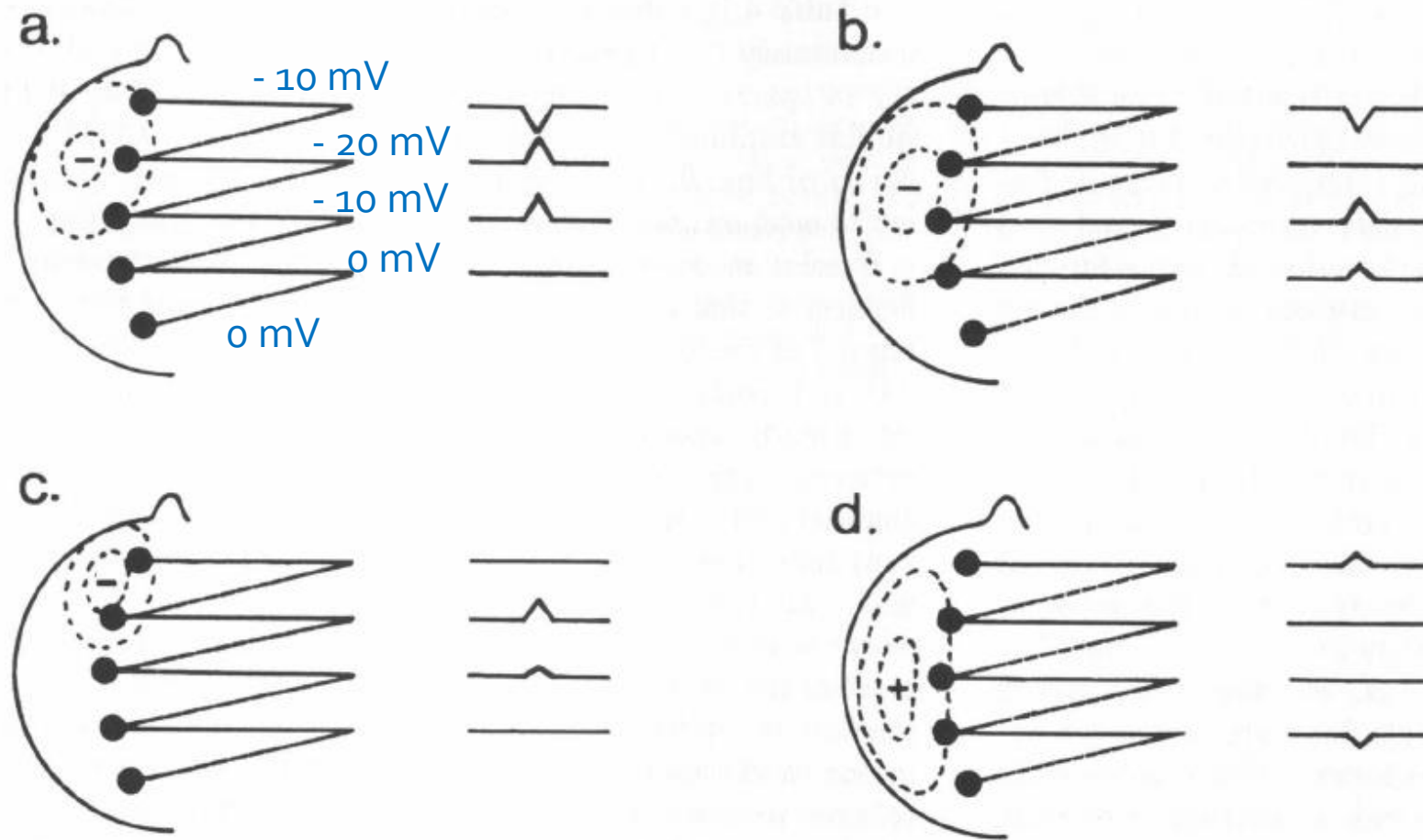
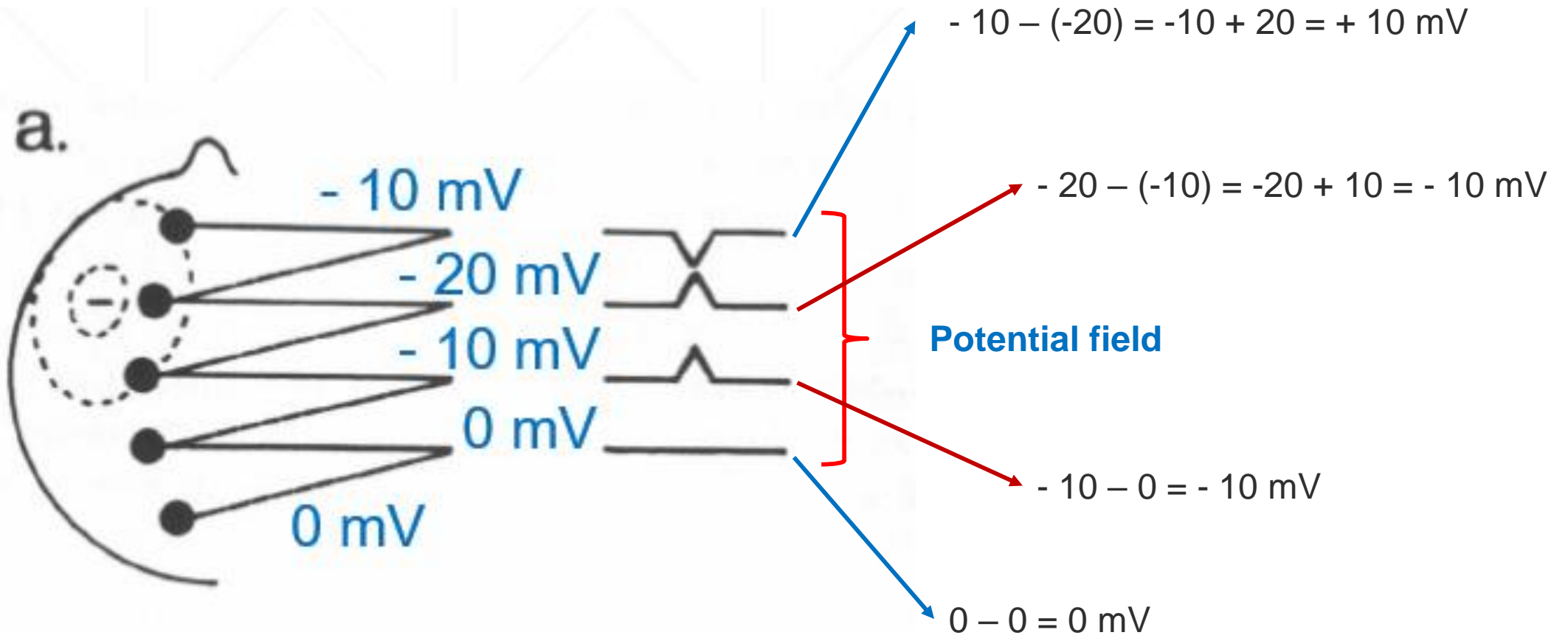


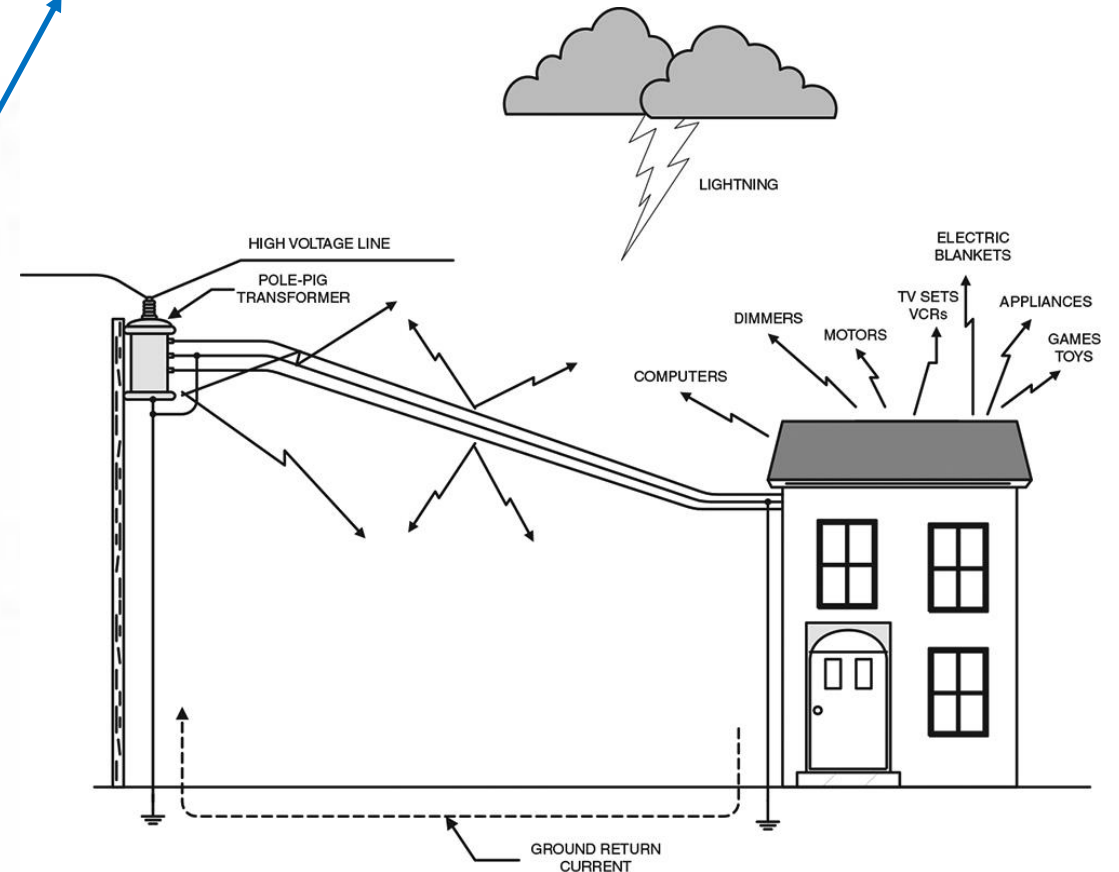
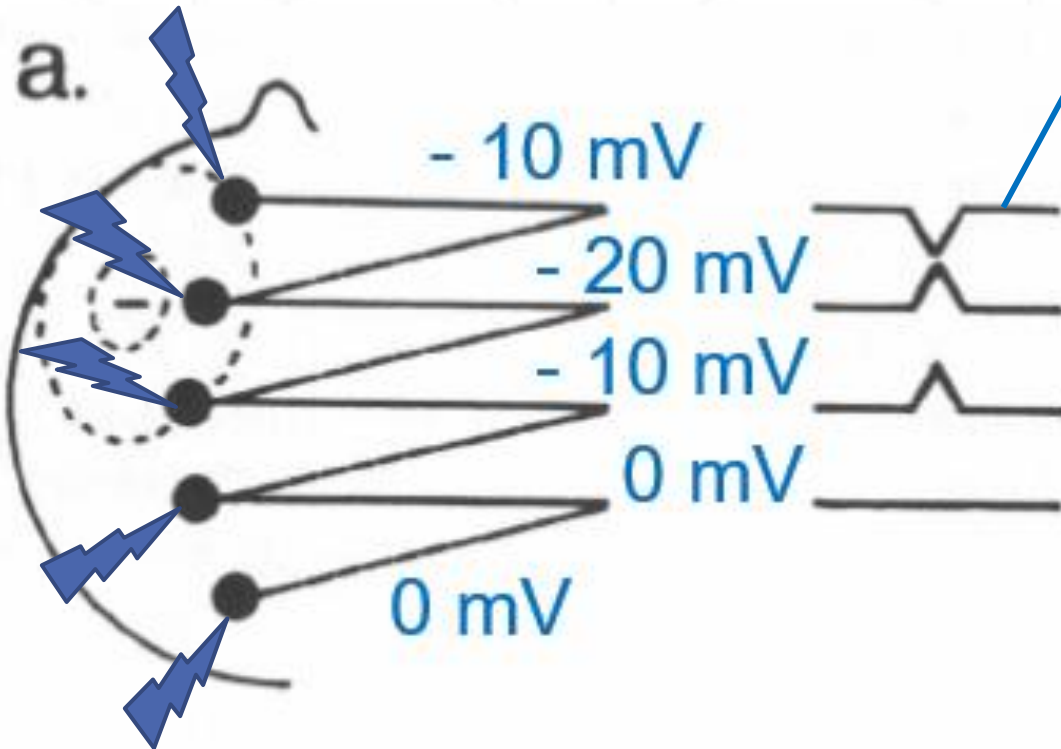
Fig. 4.1. Bipolar montages. a and b: localization of electrical potentials on the scalp by phase reversal; c and d: possible pitfalls of this method.

# “Differential amplification”



# “Common mode rejection concept”

$$-10 - (-20) = -10 + 20 = +10 \text{ mV}$$



## Channel

### Negative phase reversal



**2** F7 – T3



**3** T3 – T5



**4** T5 – O1



### Positive phase reversal



Max positive at F7



## Channel

Negative phase reversal

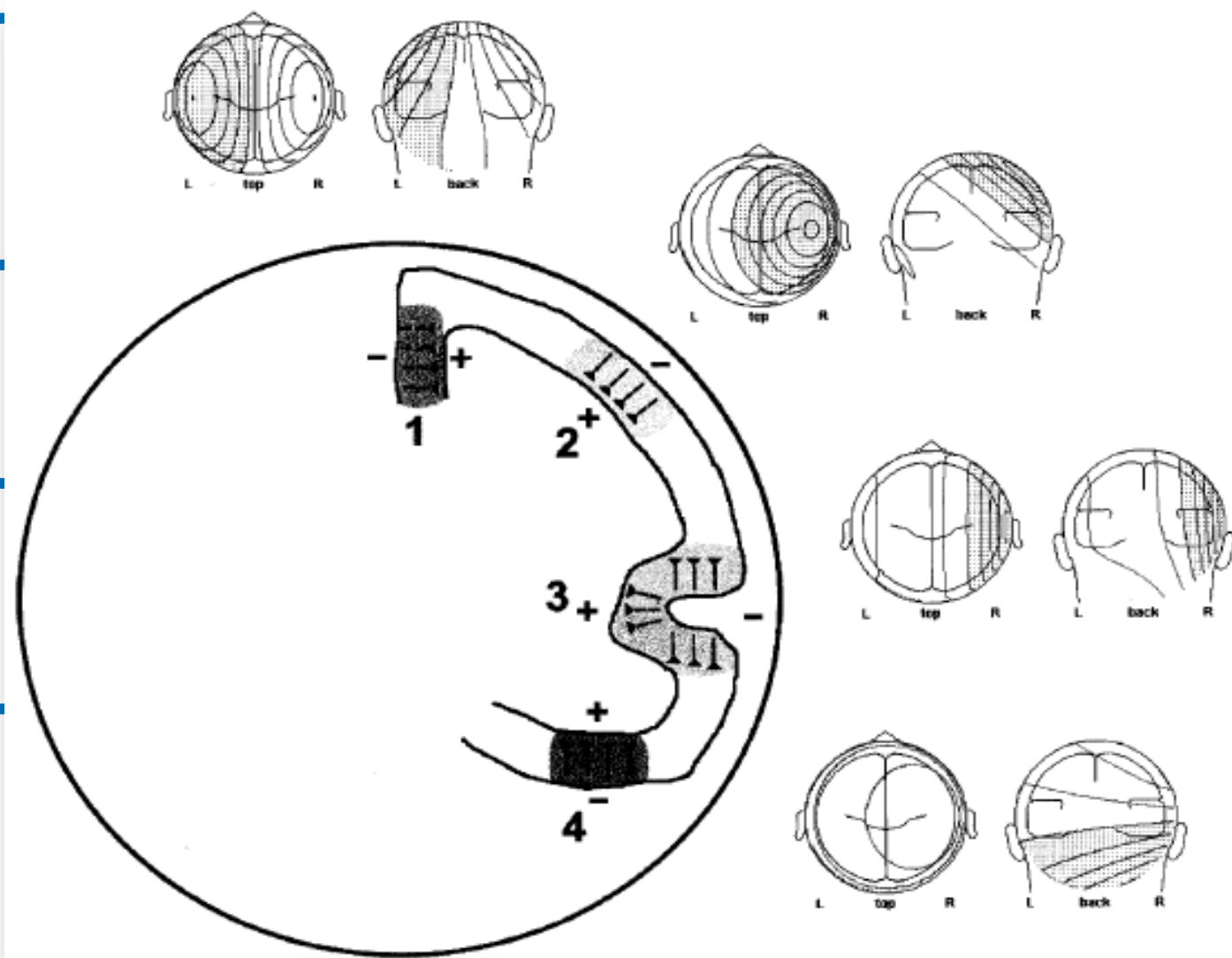
Double phase reversal

1 Fp1 - F7

2 F7 - T3

3 T3 - T5

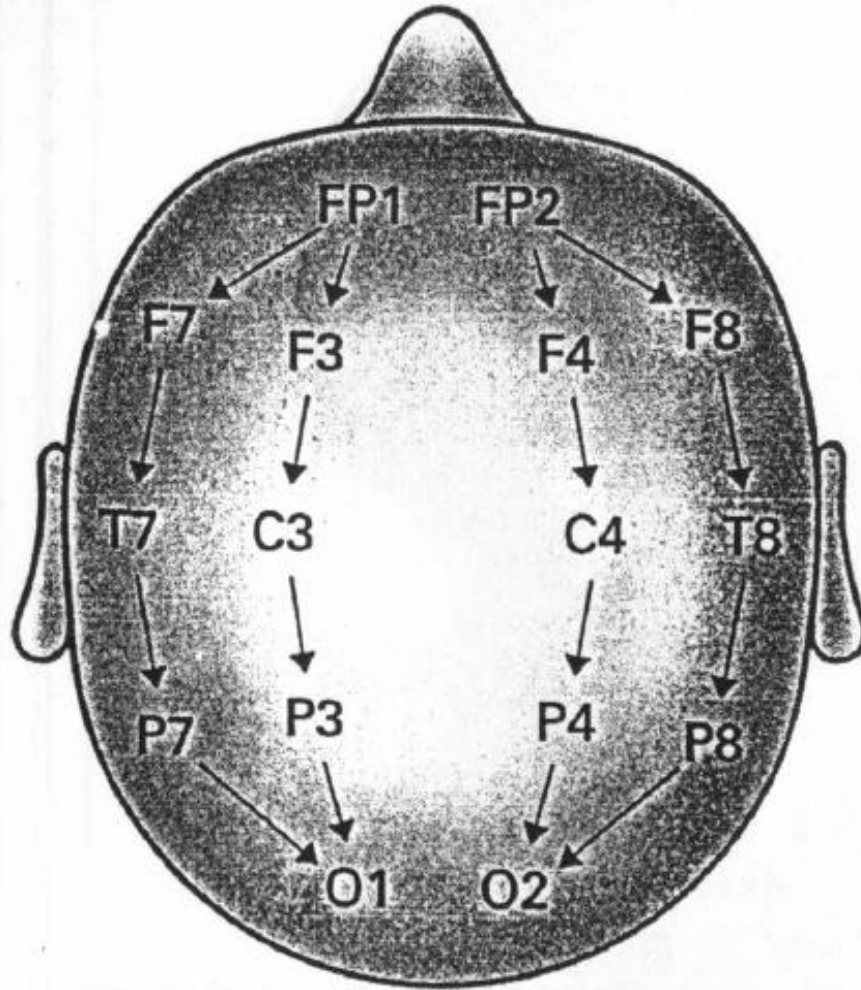
4 T5 - O1



ax **positive** at F7

ax **negative** at F7

**FIGURE 1a. BIPOLAR LONGITUDINAL ROWS**

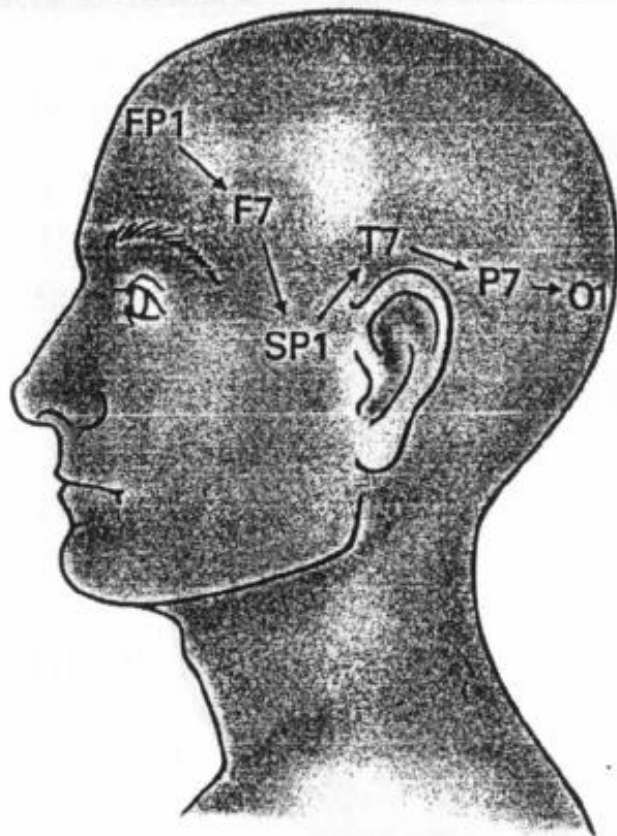


## **Montage**

- 1) Bipolar montage
- 2) Referential montage

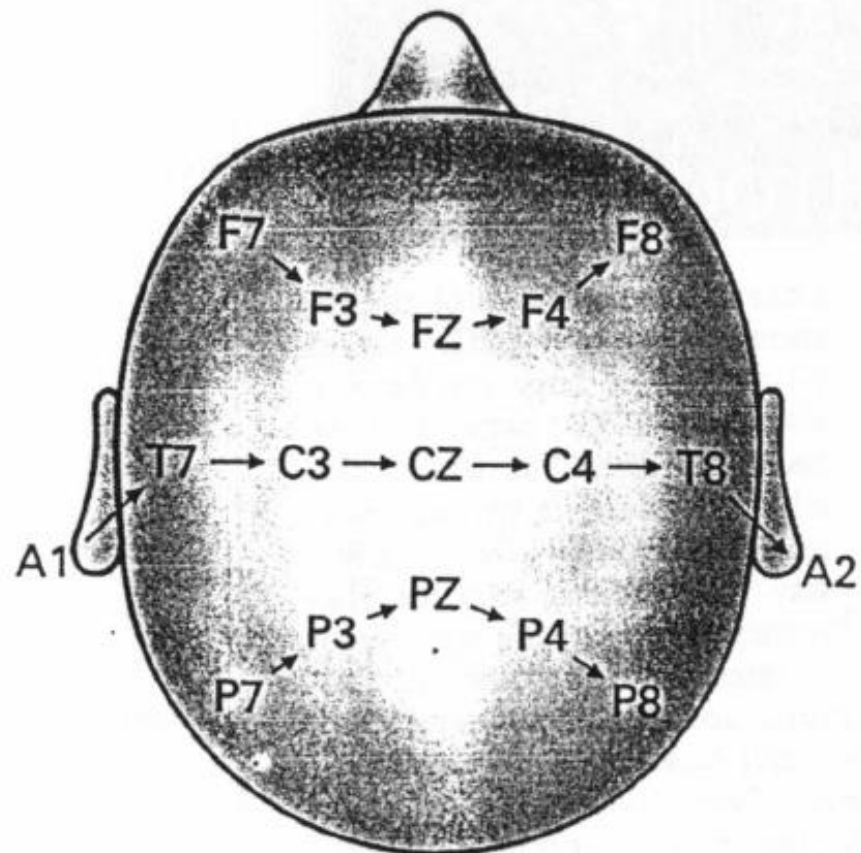


**FIGURE 1b. BIPOLAR TEMPORAL LONGITUDINAL ROW**



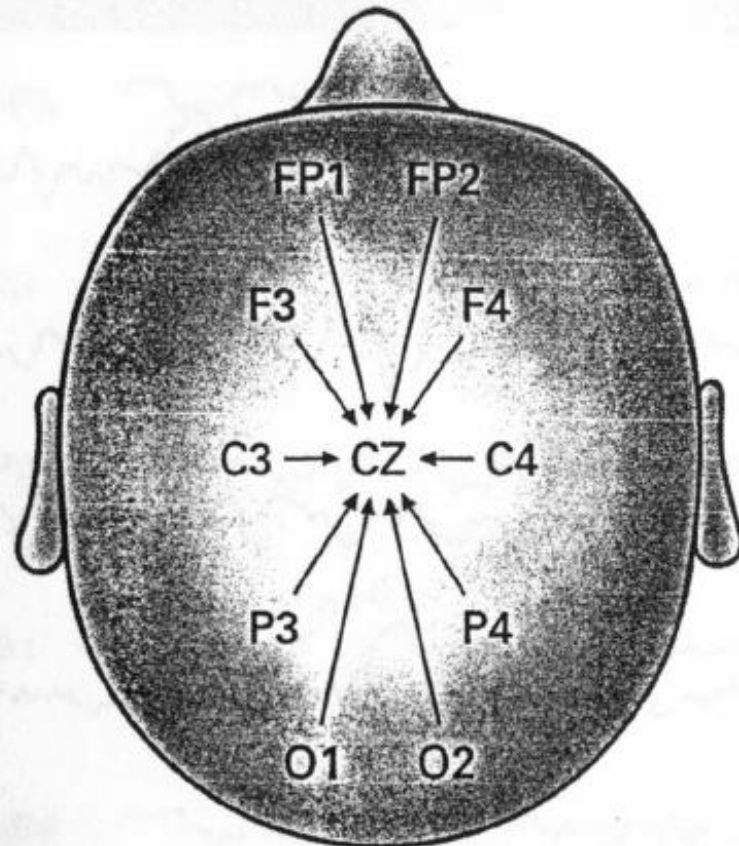
This row includes a sphenoidal, anterior temporal, or nasopharyngeal electrode. It is frequently used in this atlas.

**FIGURE 1c. BIPOLAR TRANSVERSE ROWS**

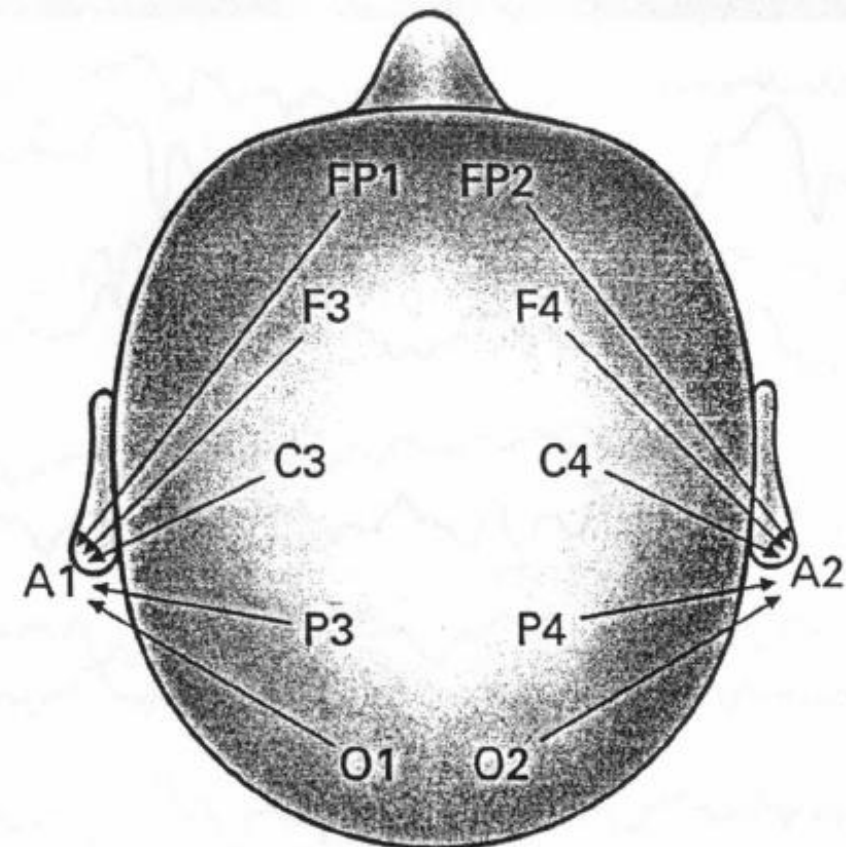




**FIGURE 2a. CZ REFERENCE MONTAGE**



**FIGURE 2b. IPSILATERAL EAR REFERENCE MONTAGE**



## **4. SYSTEMATIC APPROACH TO EEG INTERPRETATION**

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# Types of EEG recording in practice



Routine EEG (30 minutes)

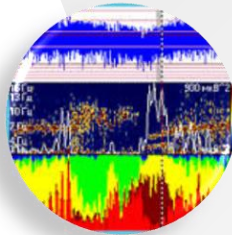


## Presurgical evaluation

Prolonged scalp video-EEG monitoring  
Intracranial EEG recording (IEEG)



Continuous EEG monitoring (cEEG) in ICU

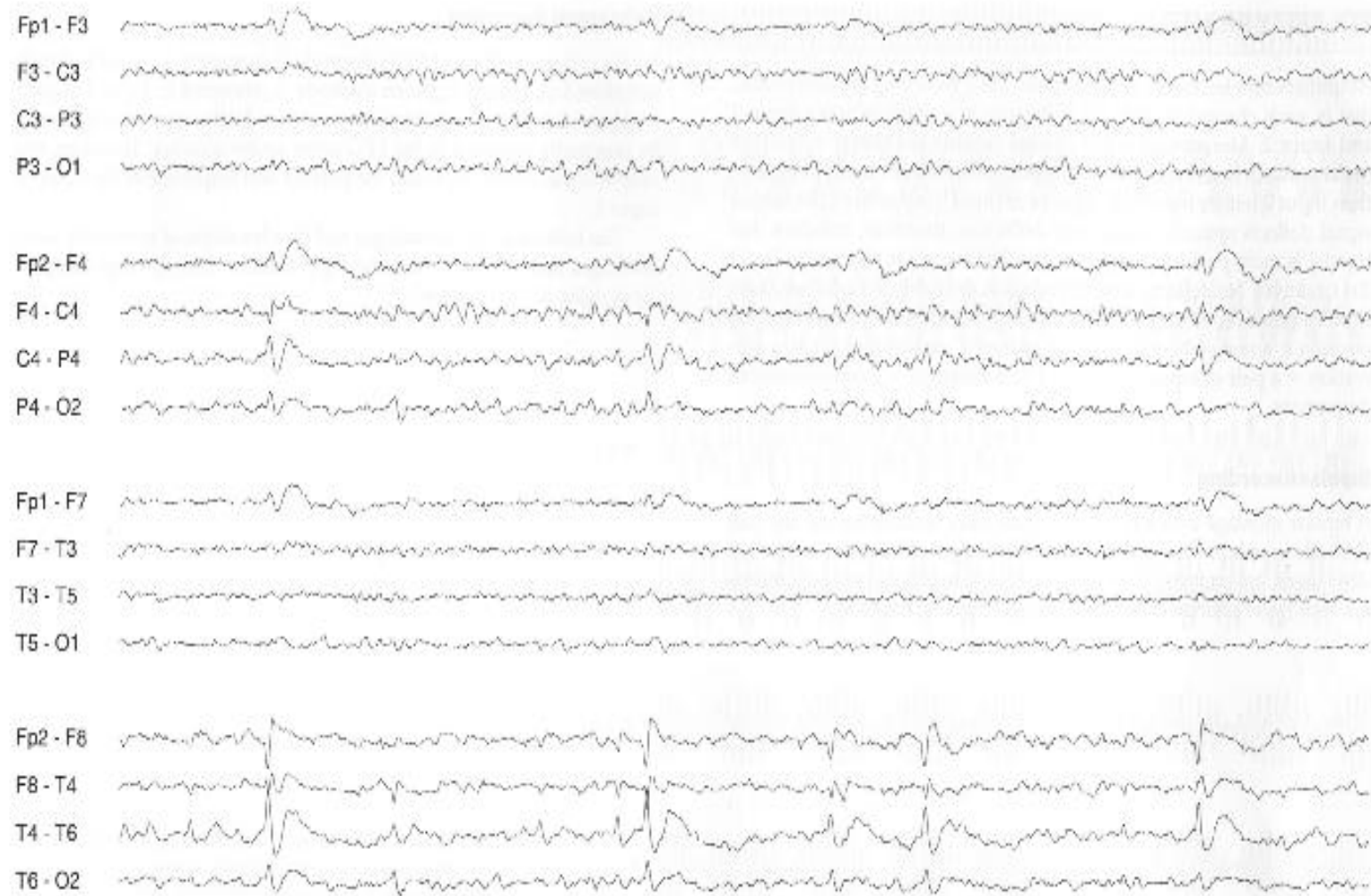


Quantitative EEG recording (QEEG)



# **Orderly approach to start interpreting the EEGs**

- **Identify montages**
- **Define age and stage**

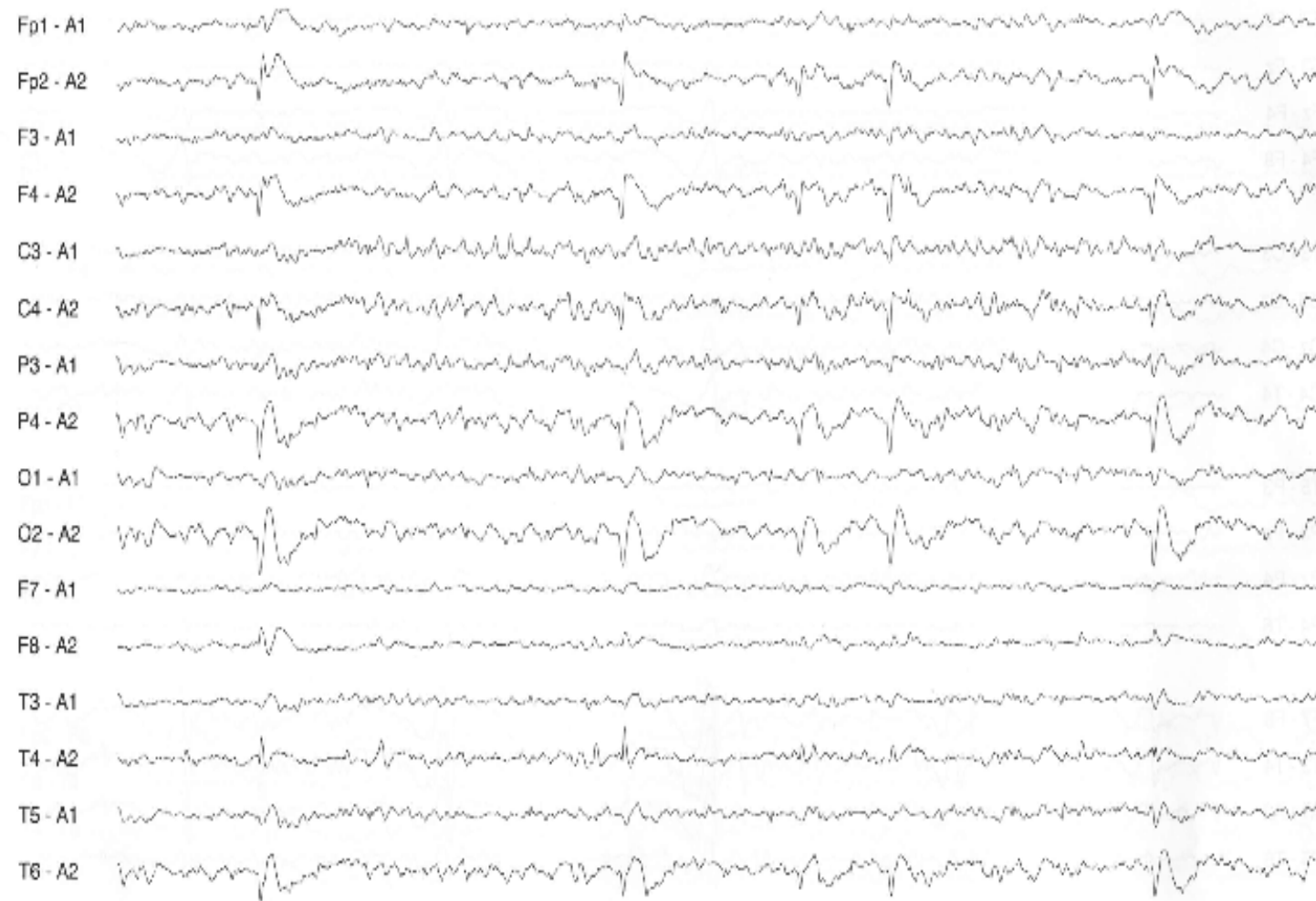


**Antero-posterior  
bipolar montage**



**Transverse  
(coronal)  
bipolar montage**





**Ipsilateral ear  
Referential montage**

# Orderly approach to start interpreting the EEGs (cont.)

- Only information required before EEG analysis

- **Age**

- **State** (awake, sleep, drowsy, lethargic, stuporous, semi-coma, coma, etc.)

- ✓ It is a good teaching exercise and a test of analytic acumen to read a record occasionally when only one or neither of these two items is known



# Essential characteristics of EEG analysis

- ❖ **Frequency**
- ❖ **Voltage**
- ❖ **Waveform**  
(spike/sharp/slow)
- ❖ **Regulation**
  - Frequency
  - Voltage
- ❖ **Manner of occurrence**  
(random, serial, continuous)
- ❖ **Stage of occurrence**  
(awake, drowsy, sleep)
- ❖ **Locus**
- ❖ **Reactivity**
- ❖ **Interhemispheric coherence**
  - a. **Symmetry**
    - voltage
    - frequency
  - b. **Synchrony**
    - wave
    - burst



## **Normal**

## **Abnormal**

- Epileptiform abnormalities
- Non-epileptiform abnormalities

## **Benign variants**

## **Artifacts**

- Biological (EKG, EMG, EM, tongue)
- Non-biological (electrode, movements)

**Outline of  
thought  
When you see  
the brain waves**

# **GUIDELINES FOR WRITING EEG REPORTS**

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American Clinical Neurophysiology Society

**THE GUIDELINES ARE NOT MEANT TO  
REPRESENT RIGID RULES BUT ONLY A  
GENERAL GUIDE FOR REPORTING  
EEGS**

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# **Three principal parts**

- **Introduction**
- **Description**
- **Interpretation**
  - **impression**
  - **clinical correlation**

# Introduction

- Medications
- Patient's state of consciousness
- Other preparations: sleep deprivation
- Additional electrodes
- Duration of the recording, if shorter or longer than standard recording time

# Description

- The description should include all the characteristics of the record, both normal and abnormal, presented in an objective way, **avoiding as much as possible, judgement about their significance**



# Description (cont.)

- **Background activity (awake and sleep)**
  - dominant activity; frequency, quantity, location, amplitude, symmetry or asymmetry, rhythmic or irregular
  - reactivity
- **Abnormalities** ; spikes, slow waves
- **Activation procedures**

# Interpretation

- **Impression**

- interpreter's subjective statement about the normality or abnormality of the record
- grading of the abnormality; to facilitate comparison between successive records for the person who receives the report; vary from lab to lab

# Interpretation (cont.)

- **Clinical correlation**

- an attempt to explain how the EEG findings fit (or do not fit) the total clinical picture

- more careful wording is necessary if the recipient is not versed in EEG or neurology

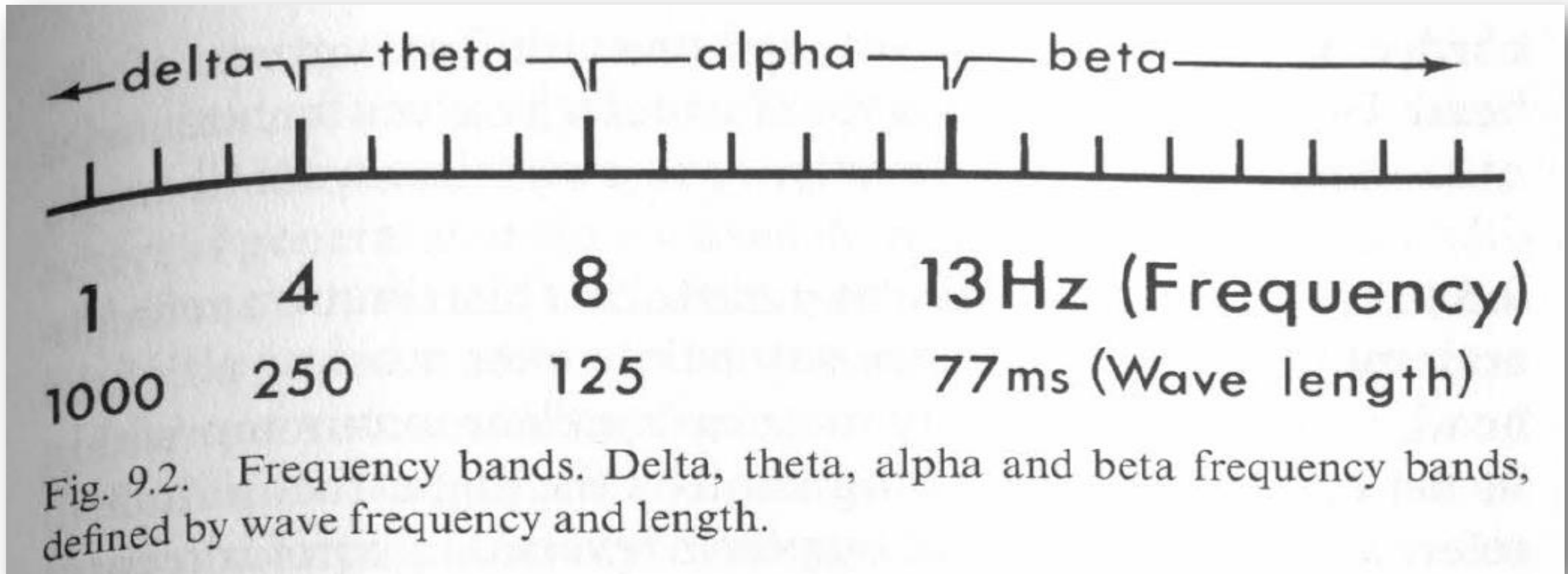
# Examples

- Cerebral dysfunction: more than mild  
mild: *minor irregularities in cerebral function*
- EDs: *suggest potential epileptogenesis*
- EEG abnormality fit with the clinical information:  
*is consistent with, is supportive the diagnosis*
- Clinical manifestation present at the time of the recording: *is diagnostic of*

## **5. NORMAL EEG PATTERNS**

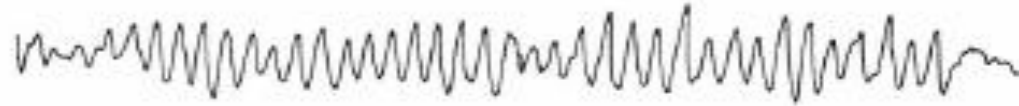
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# Frequency

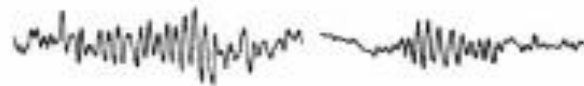


# Various wave forms

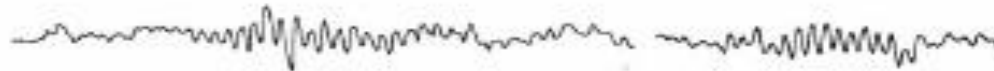
SINUSOIDAL 8 HERTZ ALPHA



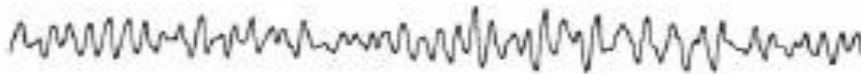
BURSTS OF BETA



13 HERTZ SPINDLES



MIXED FREQUENCY ACTIVITY  
(10 AND 6 HERTZ)



RHYTHMIC DELTA (2 HERTZ)



ARRHYTHMIC DELTA  
(2-3 HERTZ)



1 SEC

**< 8 Hz = slow activity  
(delta; theta)**

**> 12 Hz = fast activity  
(beta, gamma)**

Fig. 1-2. Various waveforms. "Classical" appearance of several types of waveforms that appear in this atlas.



SHARP WAVES



SPIKES



SPIKE - AND - WAVE



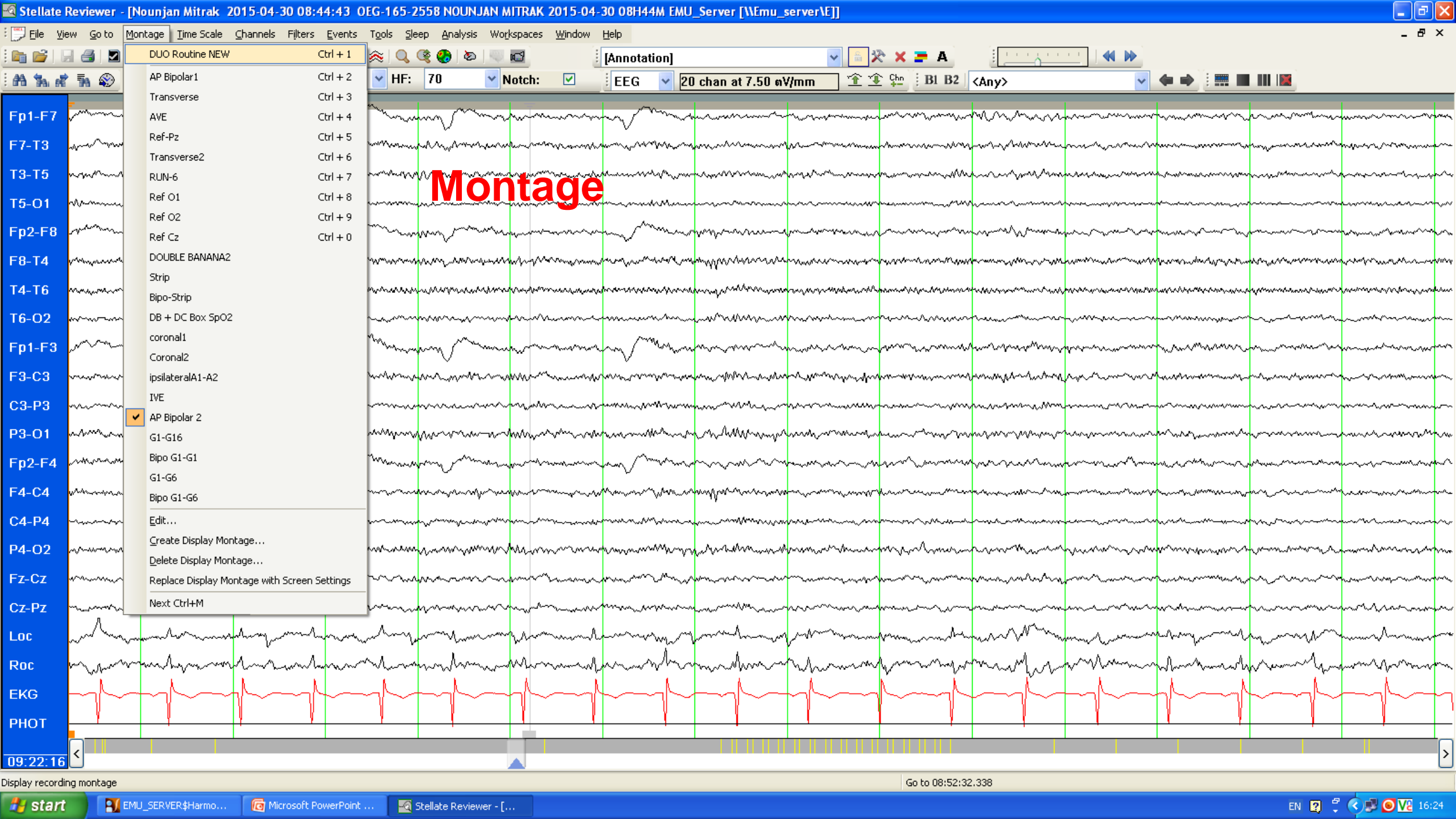
POLYSPIKES

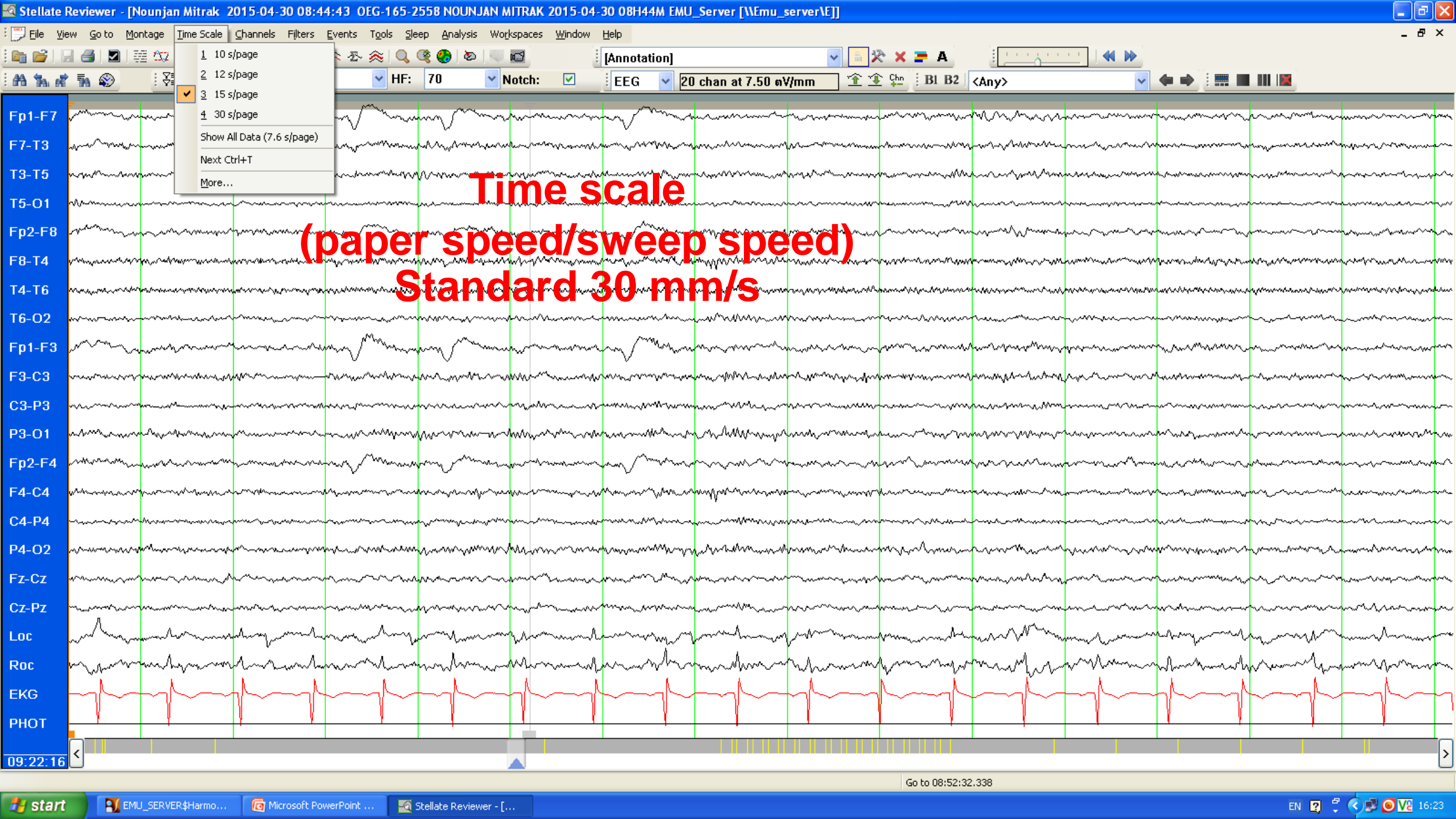


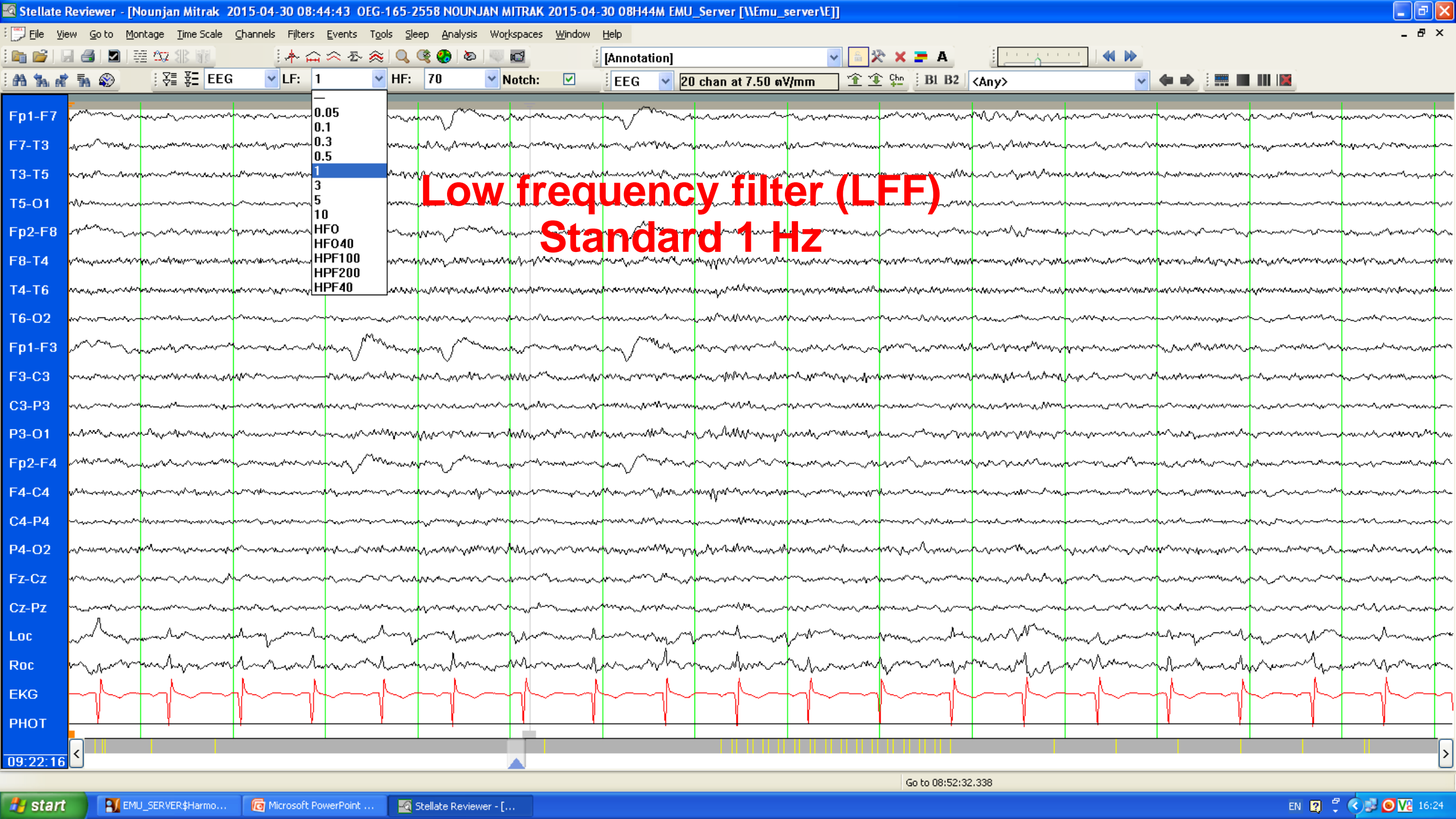
3. POLYSPIKE -  
AND - WAVE

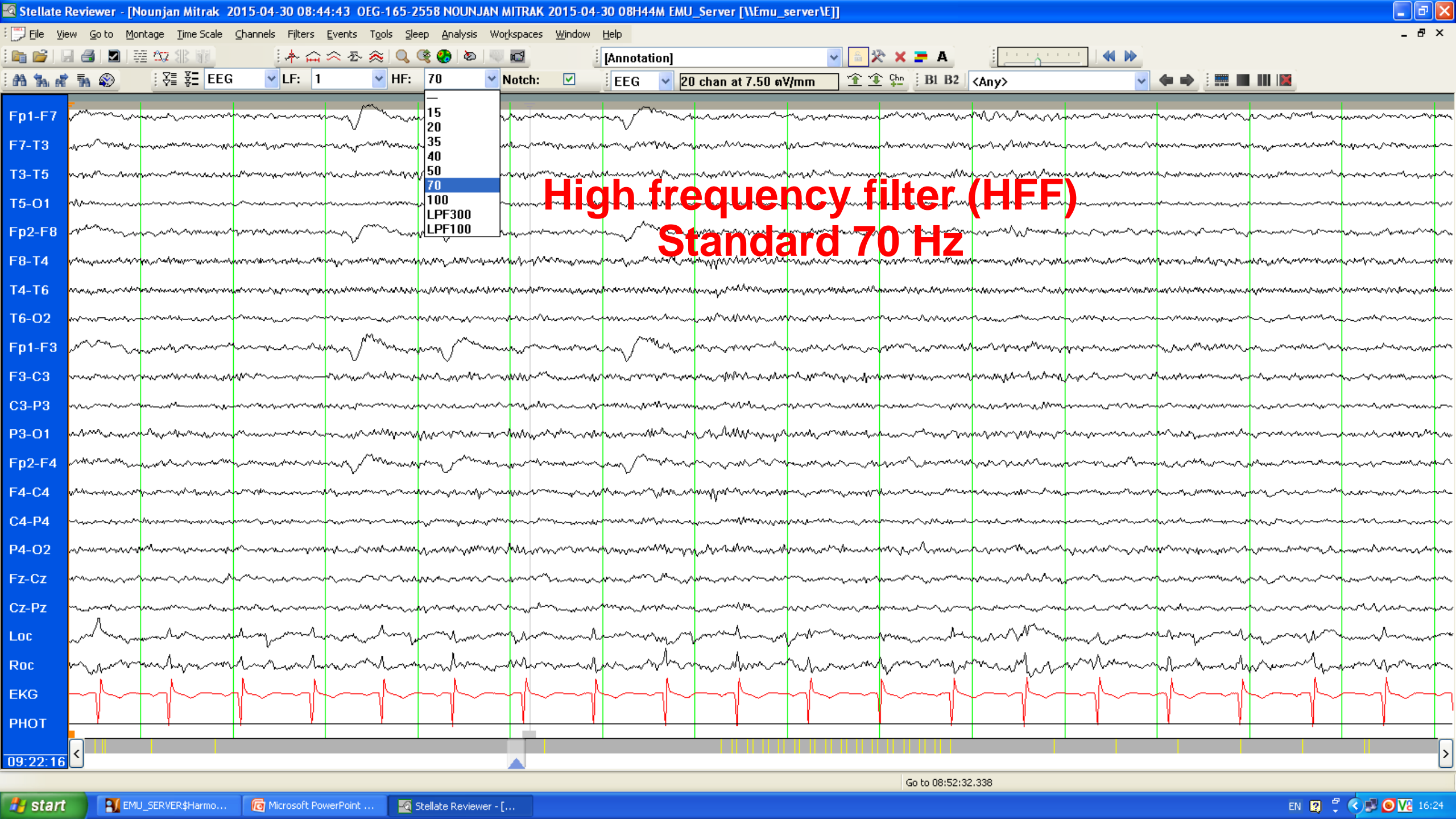


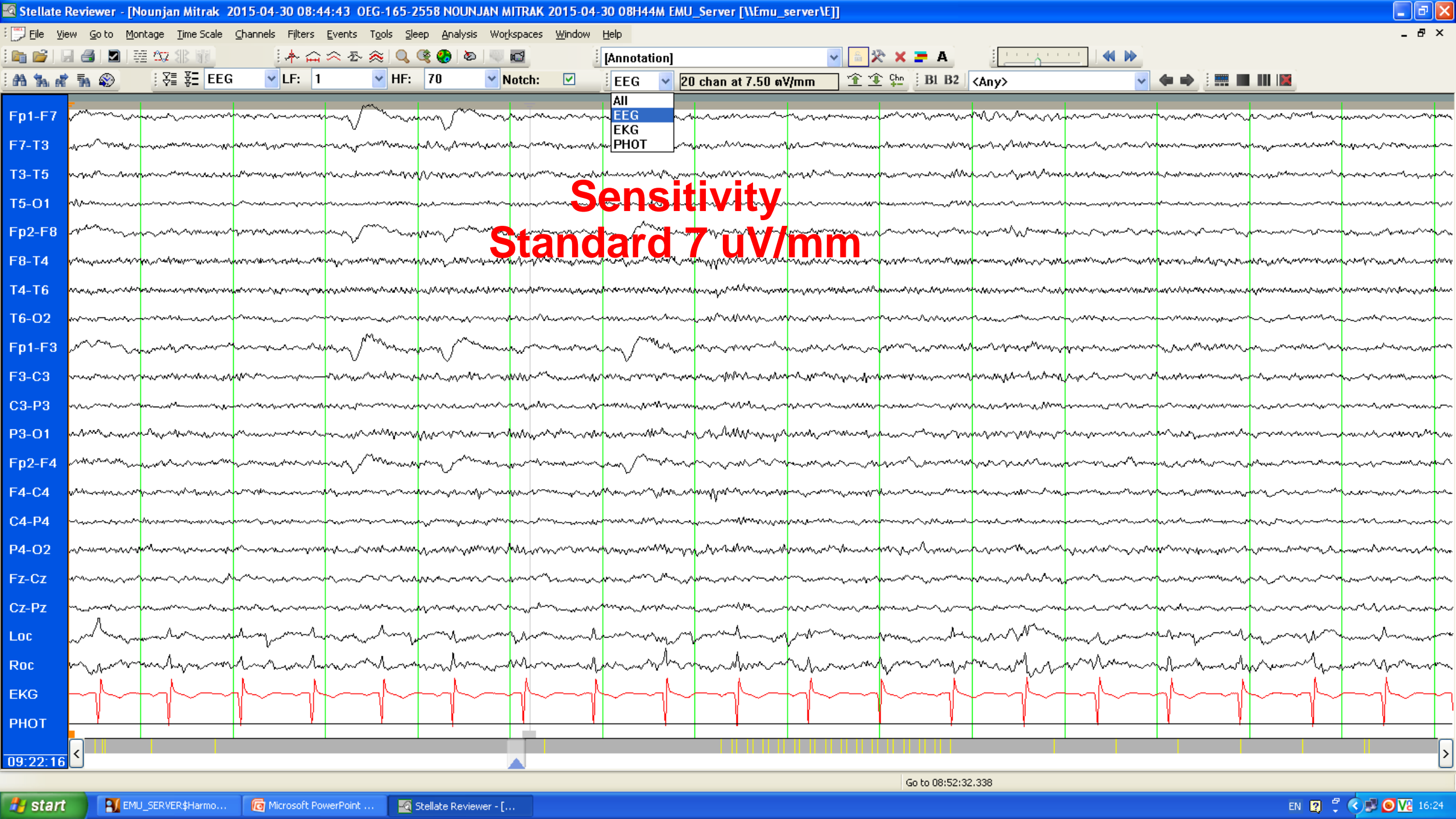
**Epileptiform  
discharges**









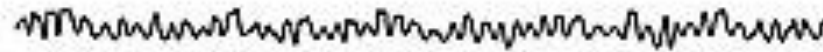




# Normal EEG wave

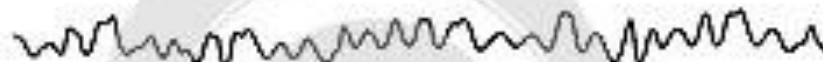
## Normal Adult Brain Waves

Awake with  
mental activity



**Beta**  
14-30 Hz

Awake and  
resting



**Alpha**  
8-13 Hz

Sleeping



**Theta**  
4-7 Hz

Deep sleep

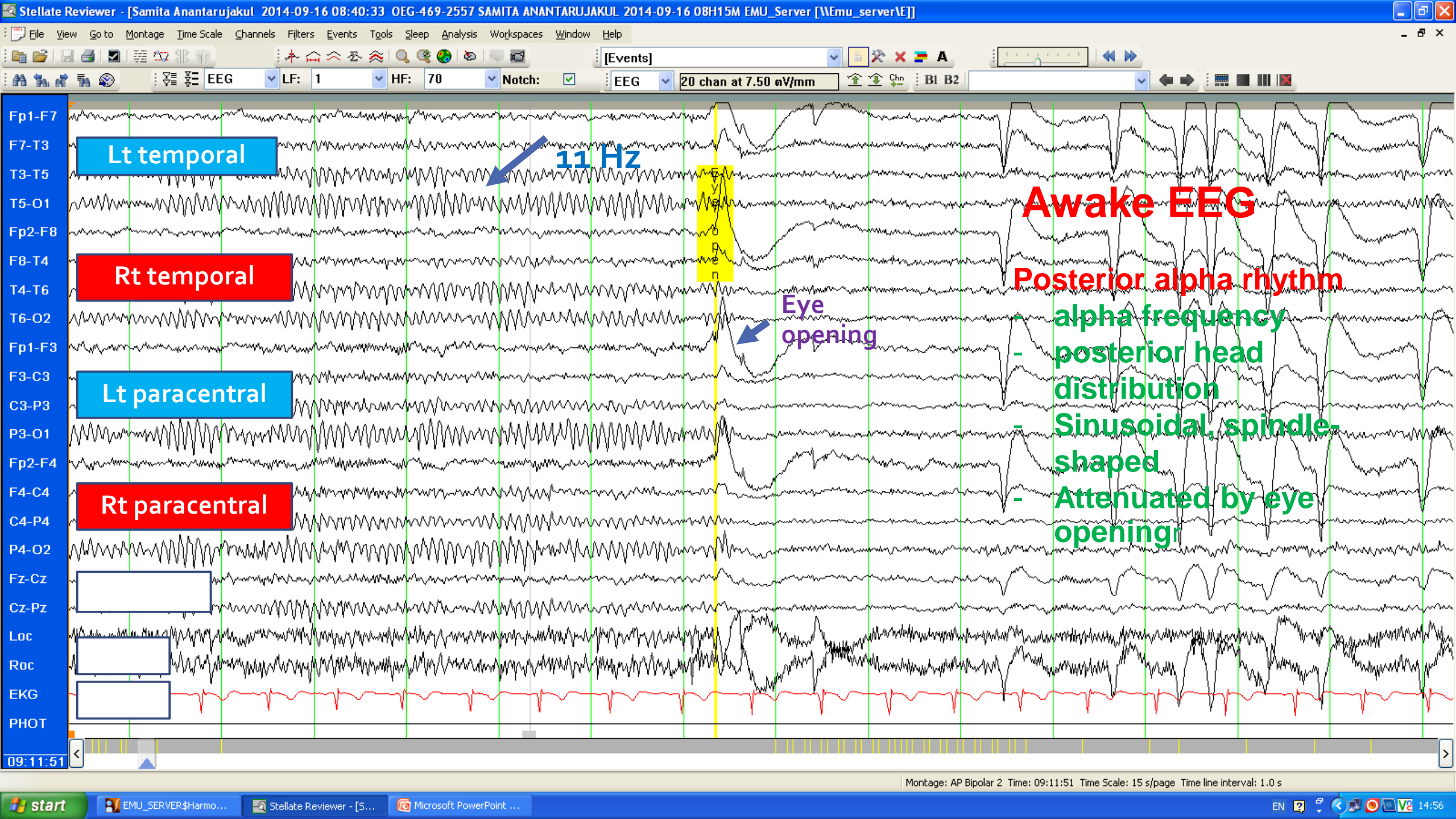


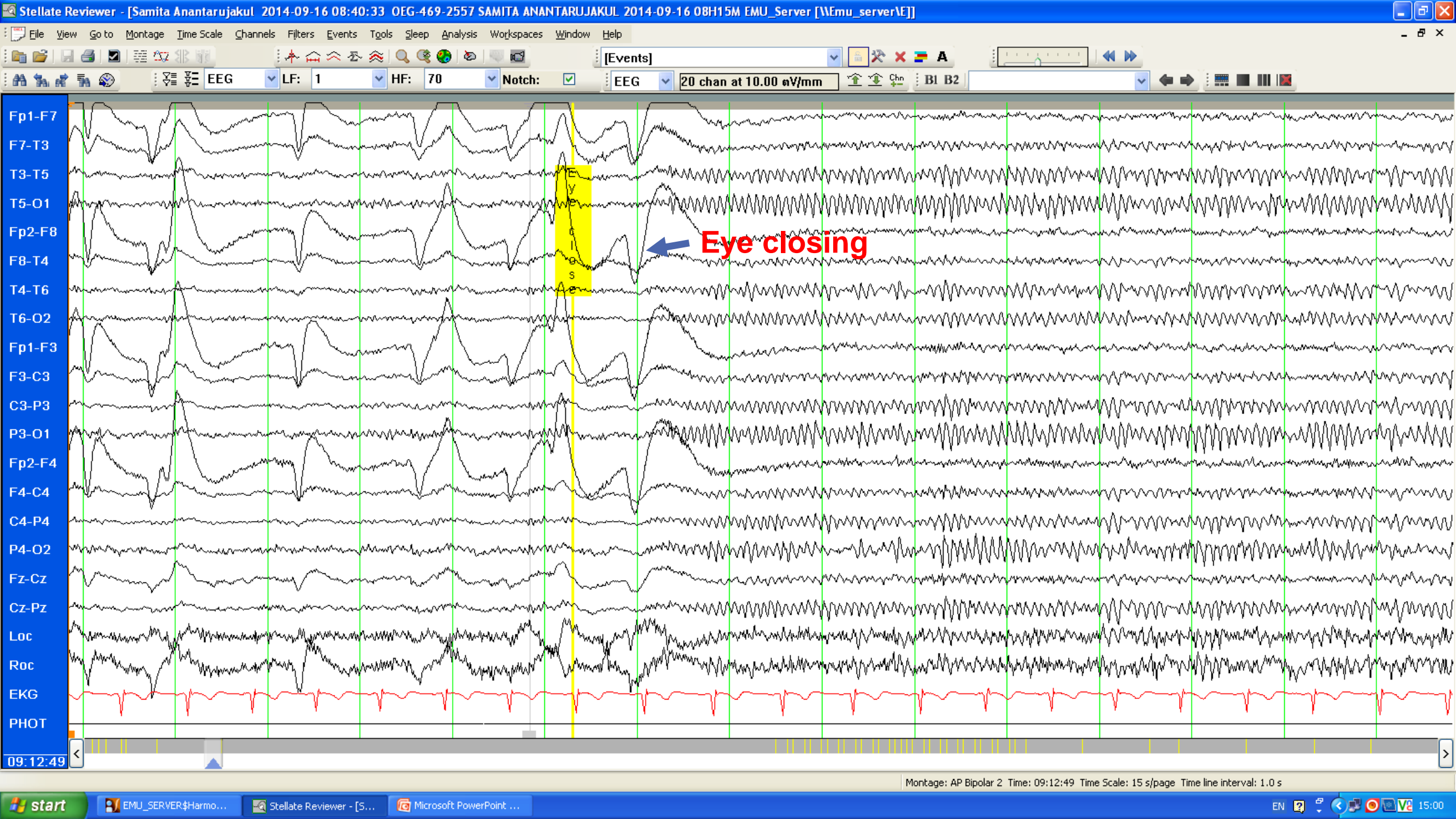
**Delta**  
<3.5 Hz

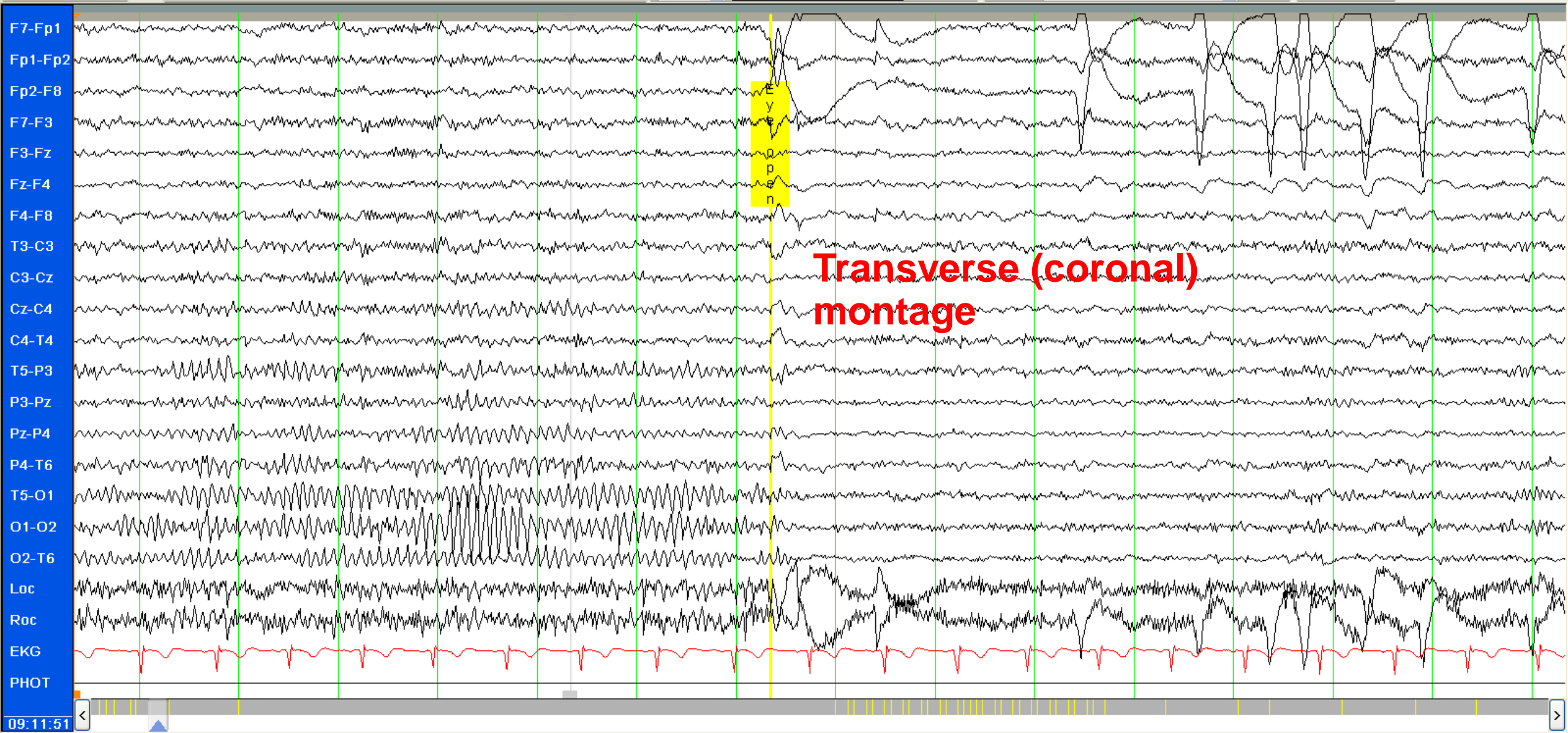


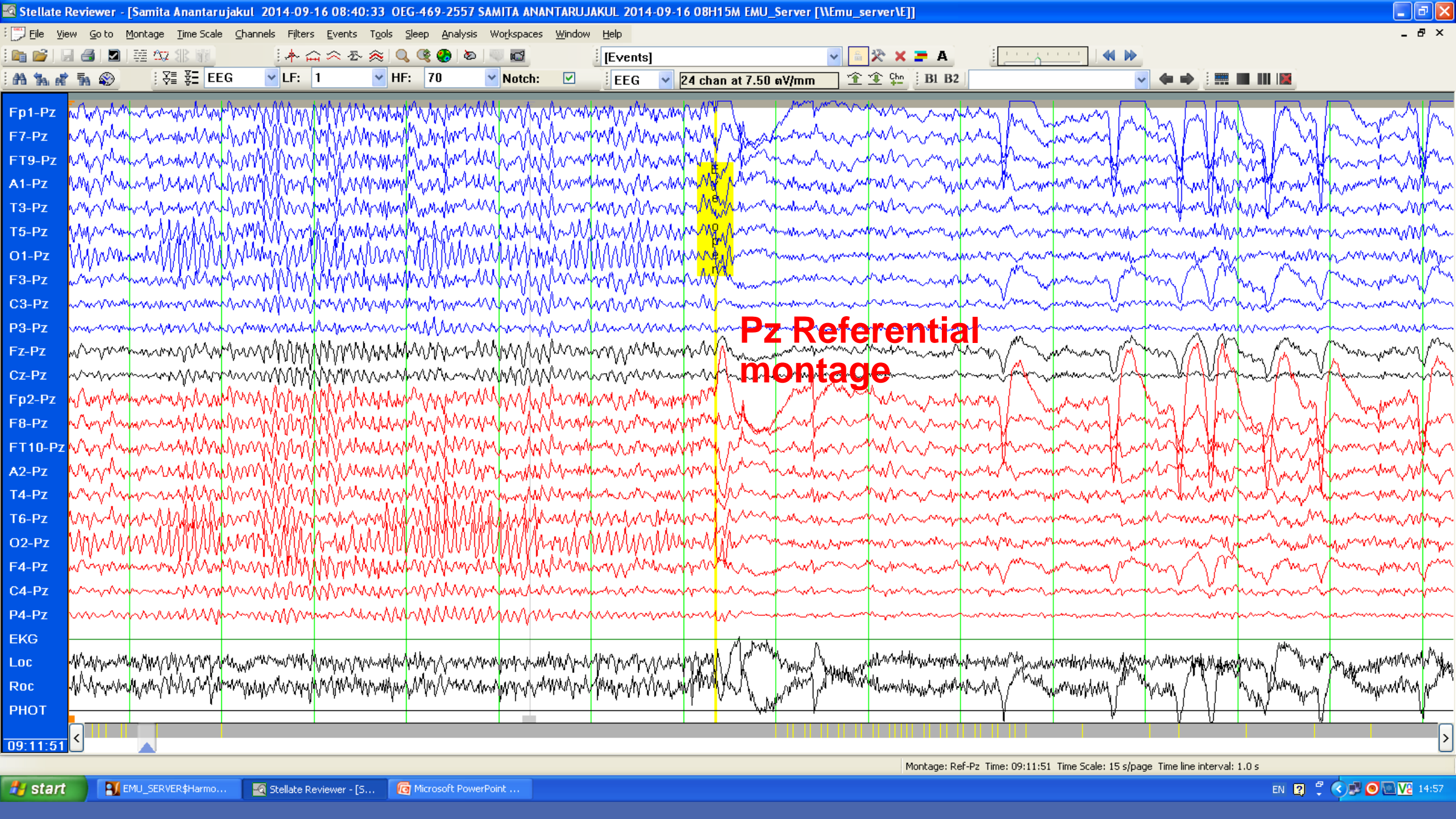
1 sec



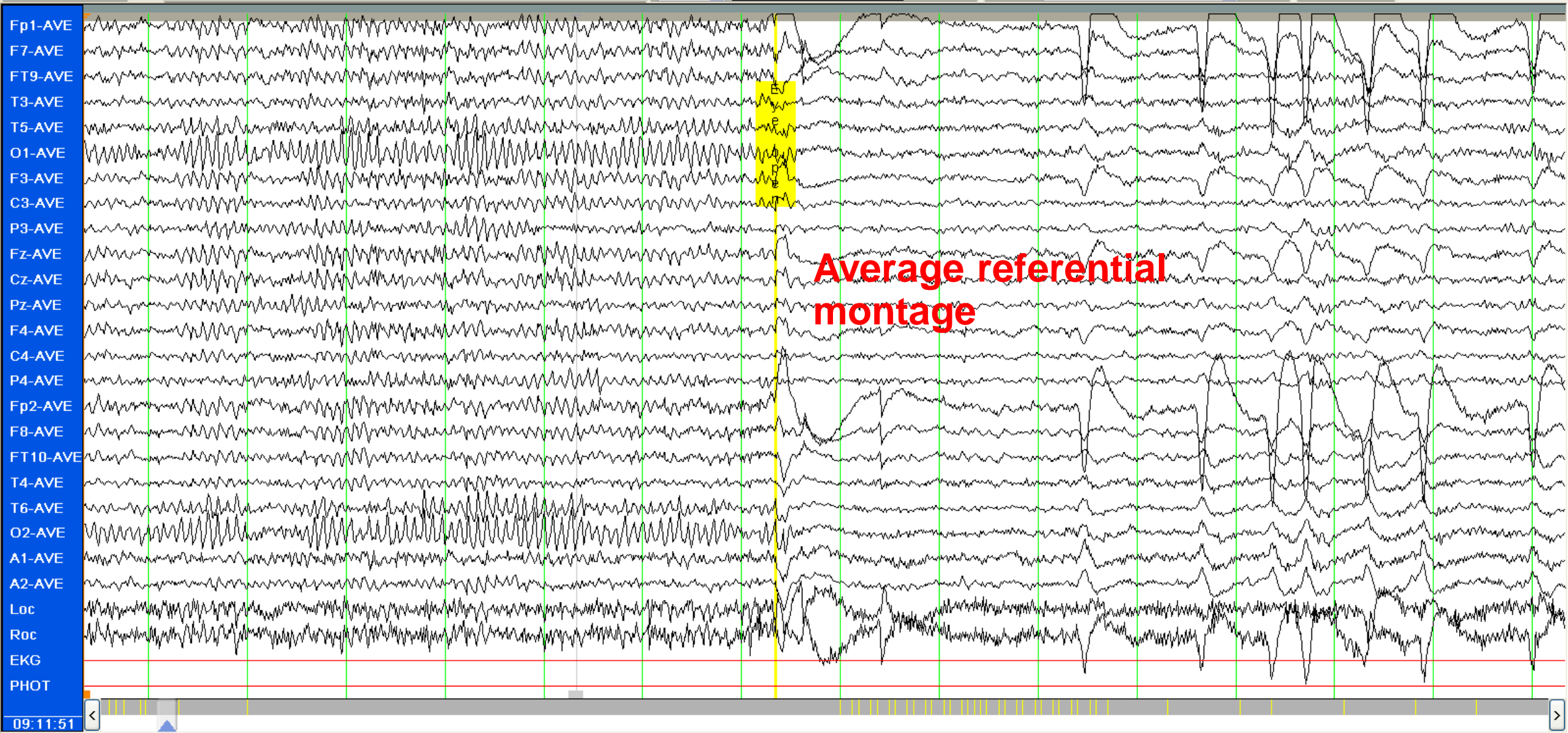


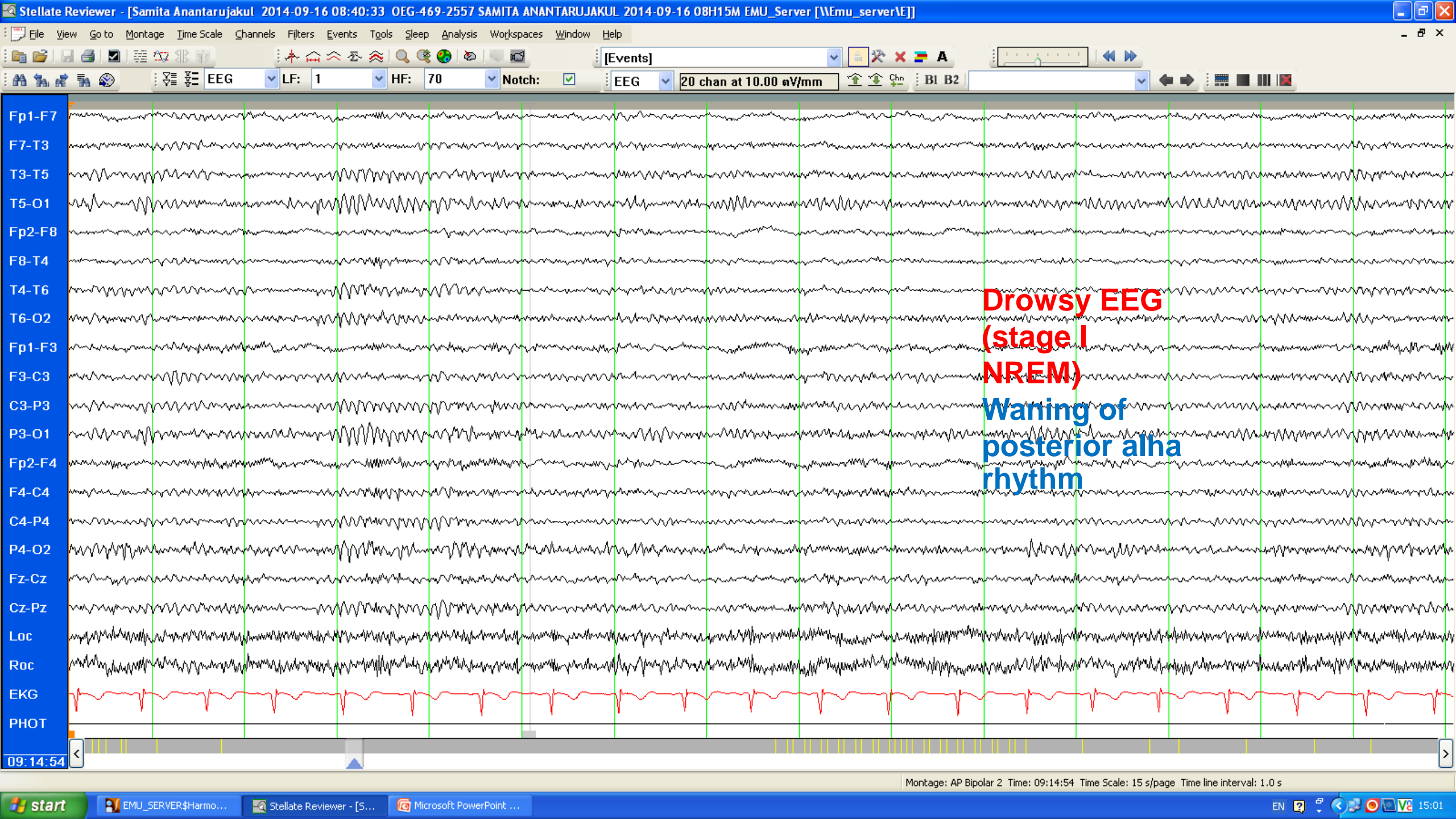


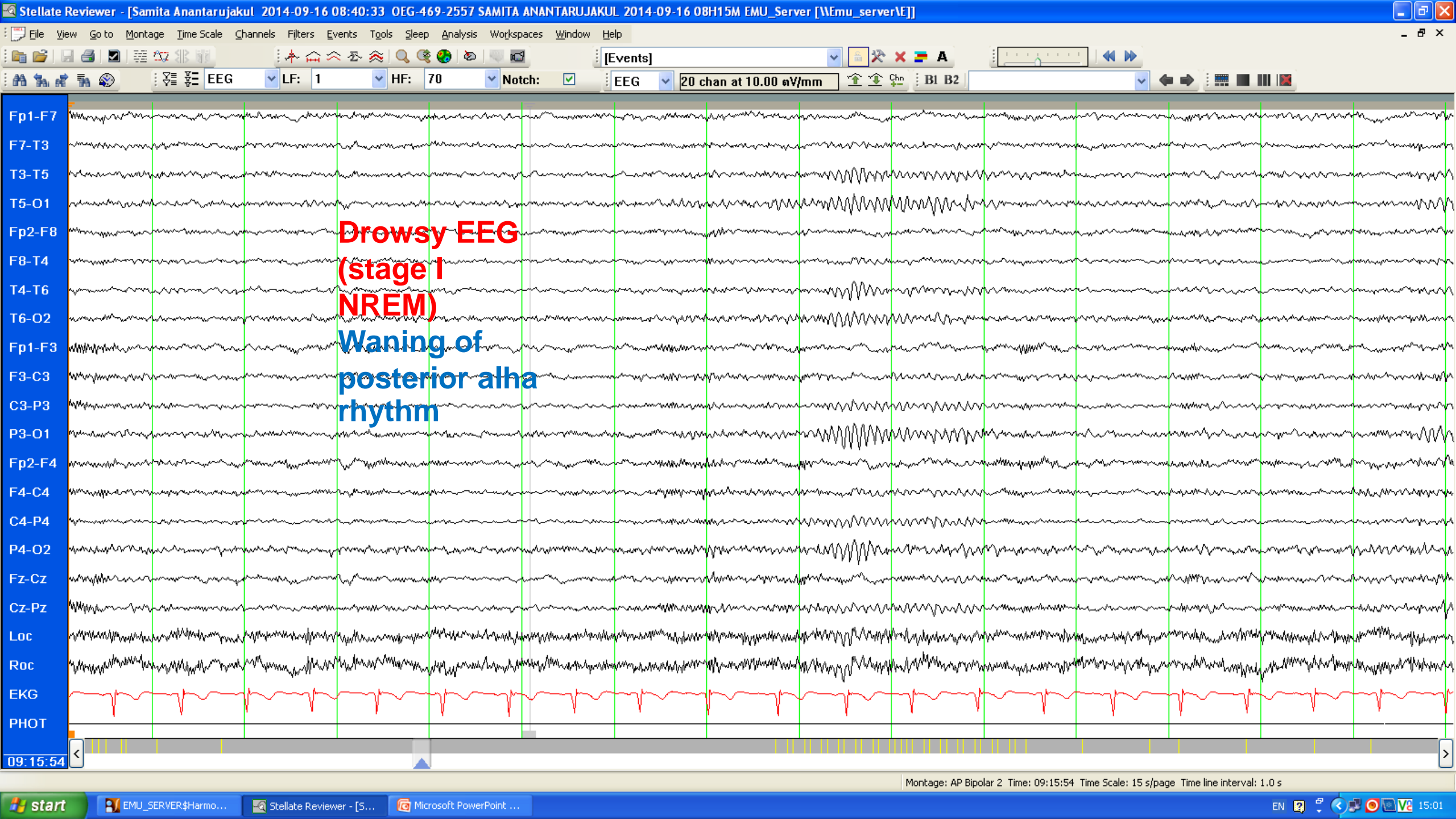




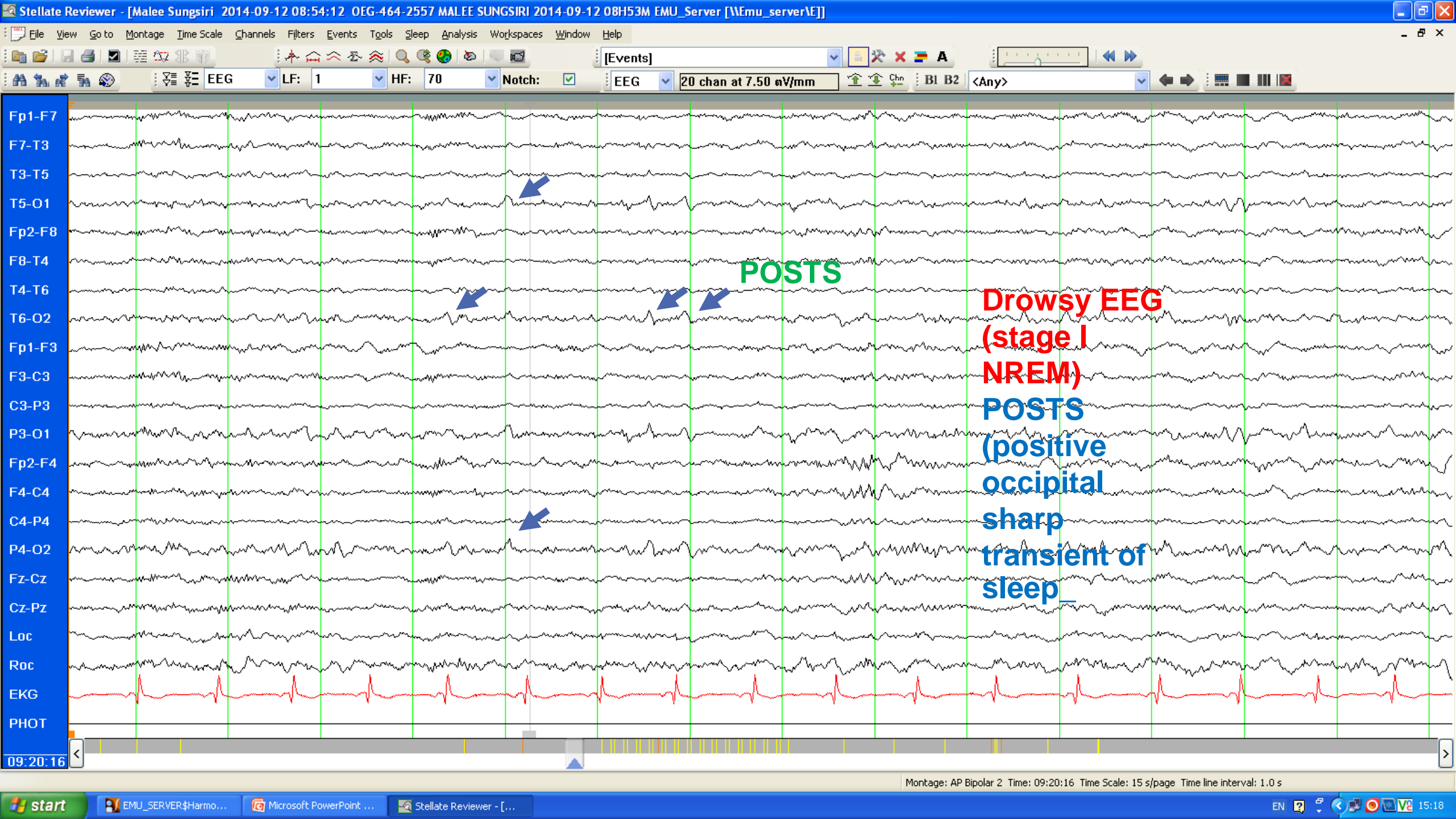


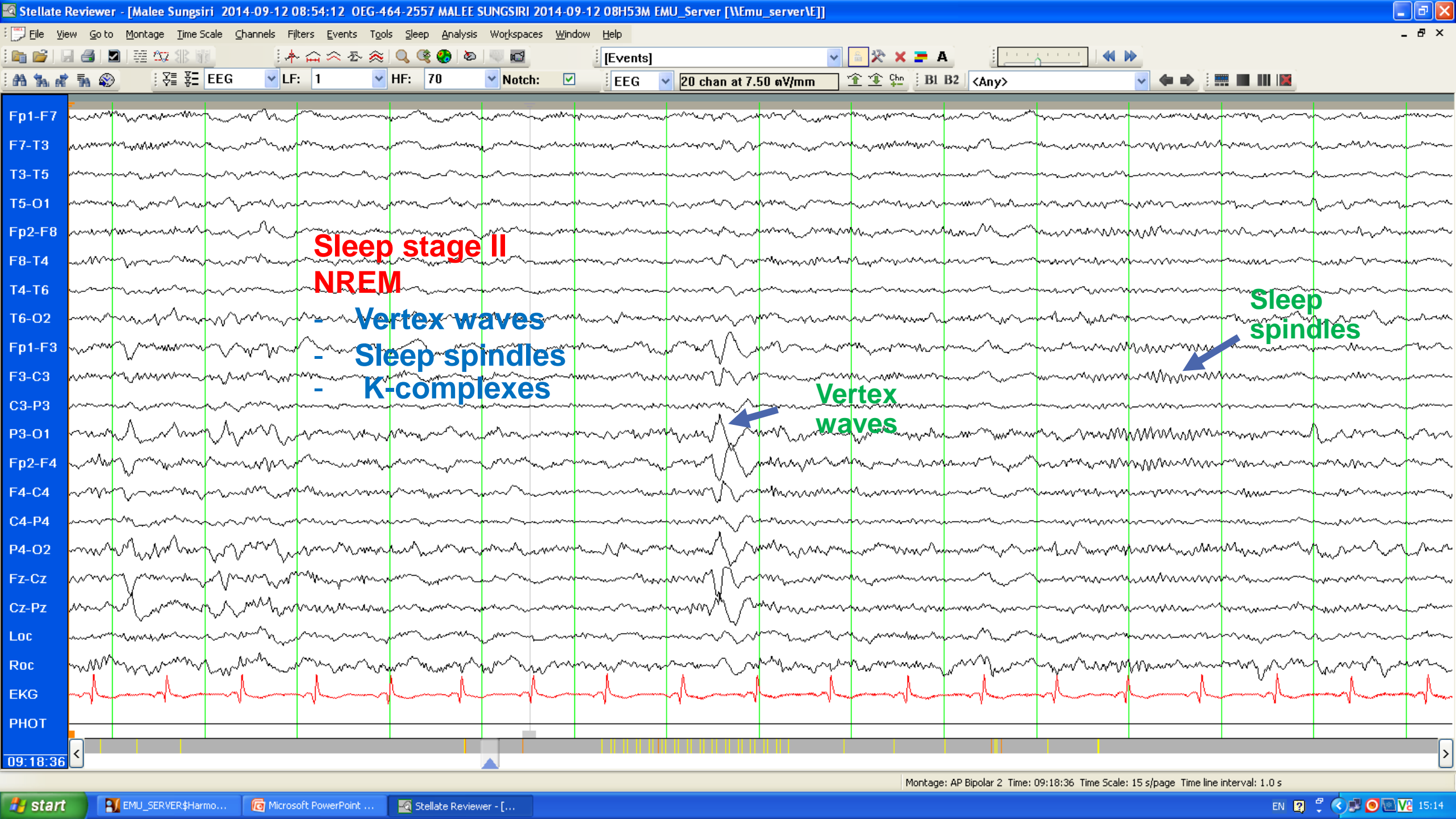


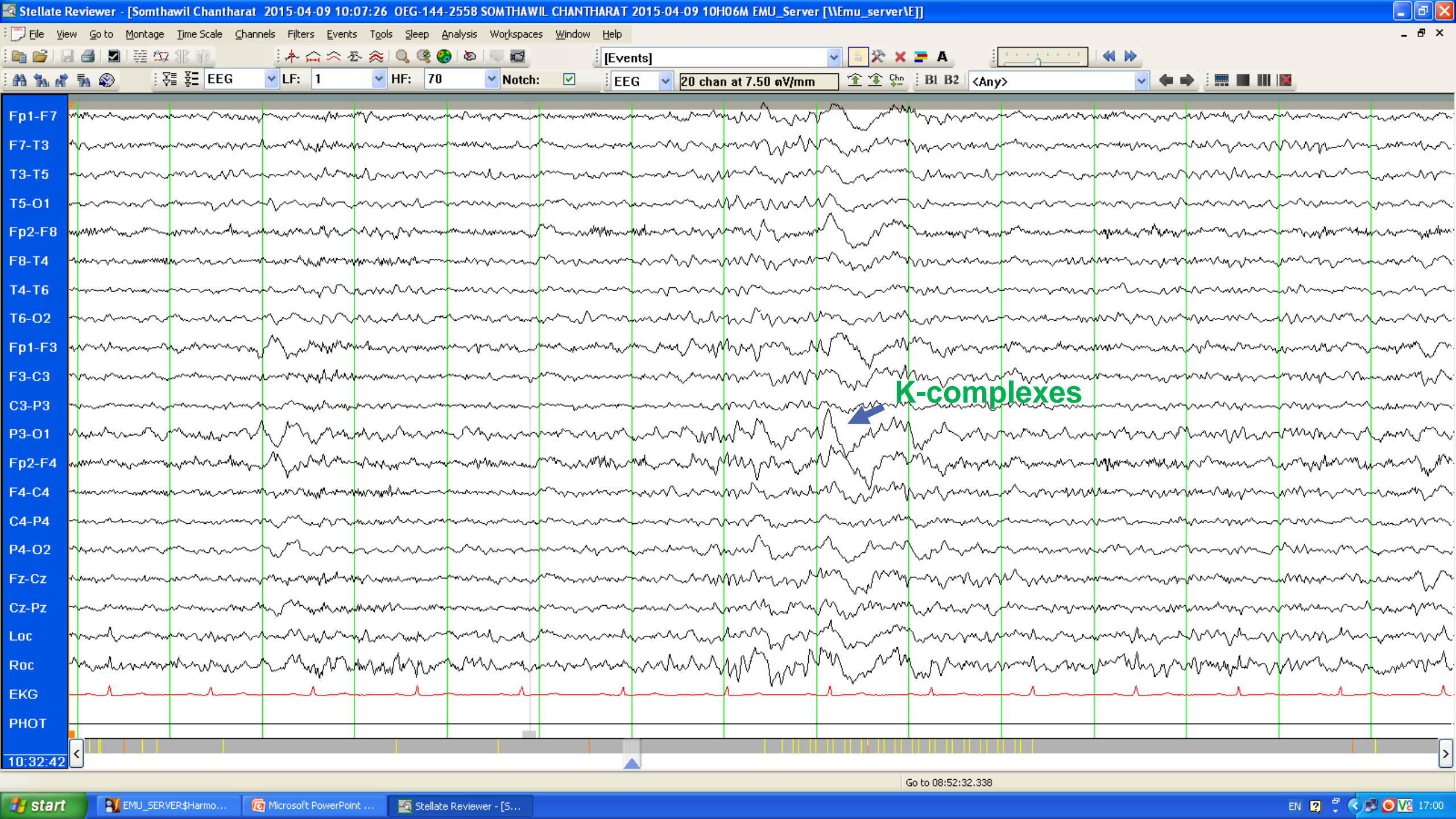


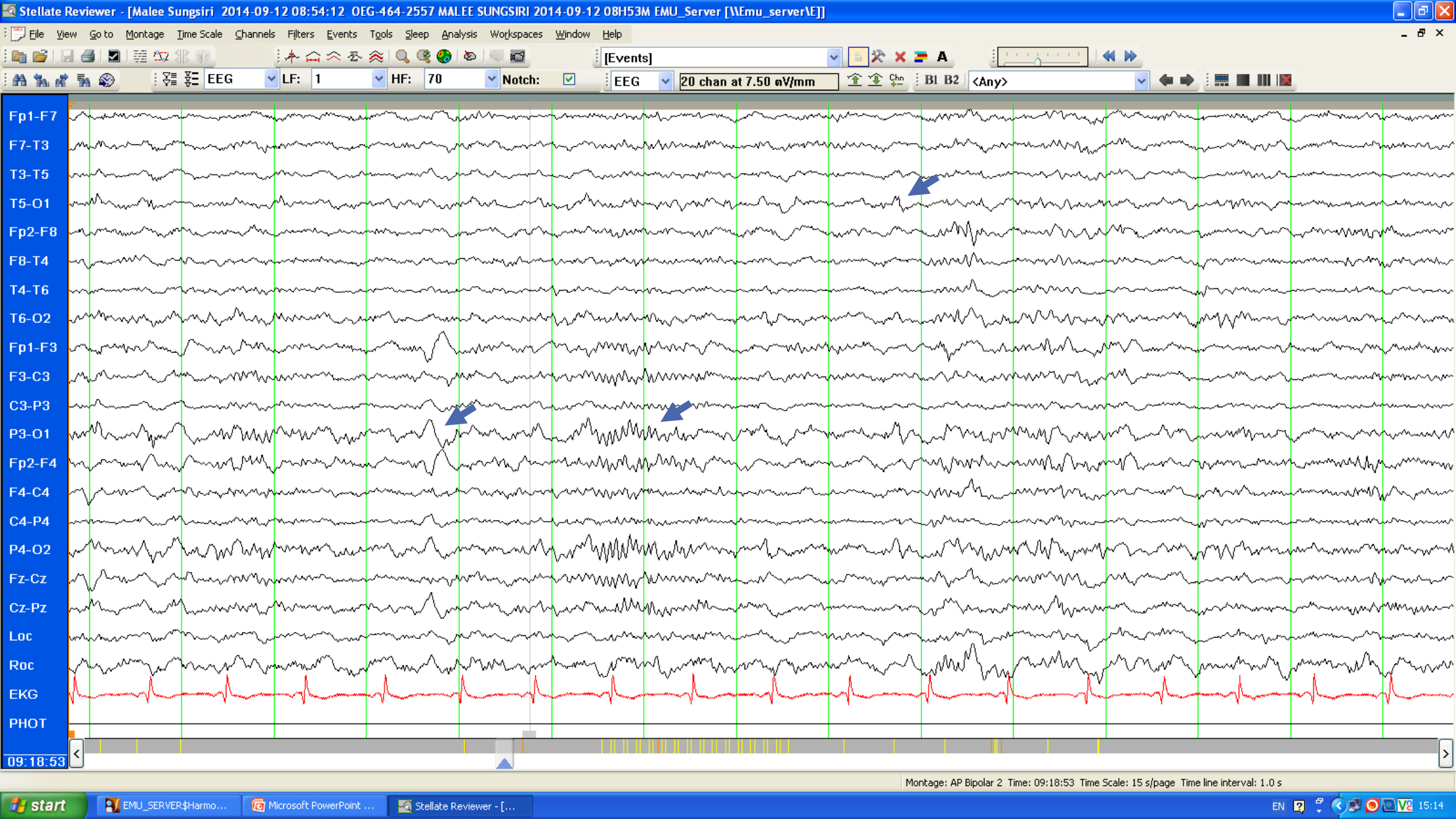


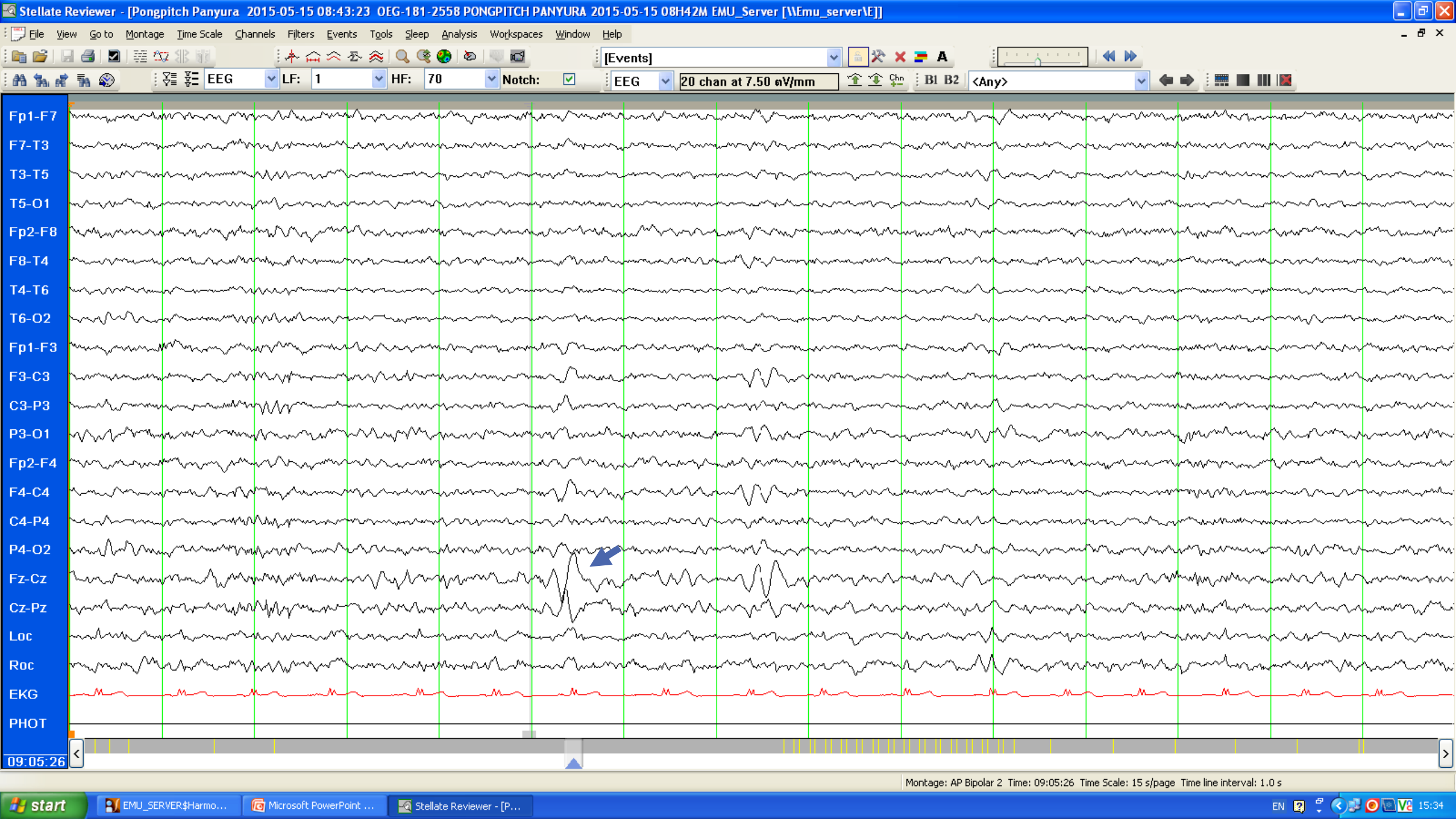




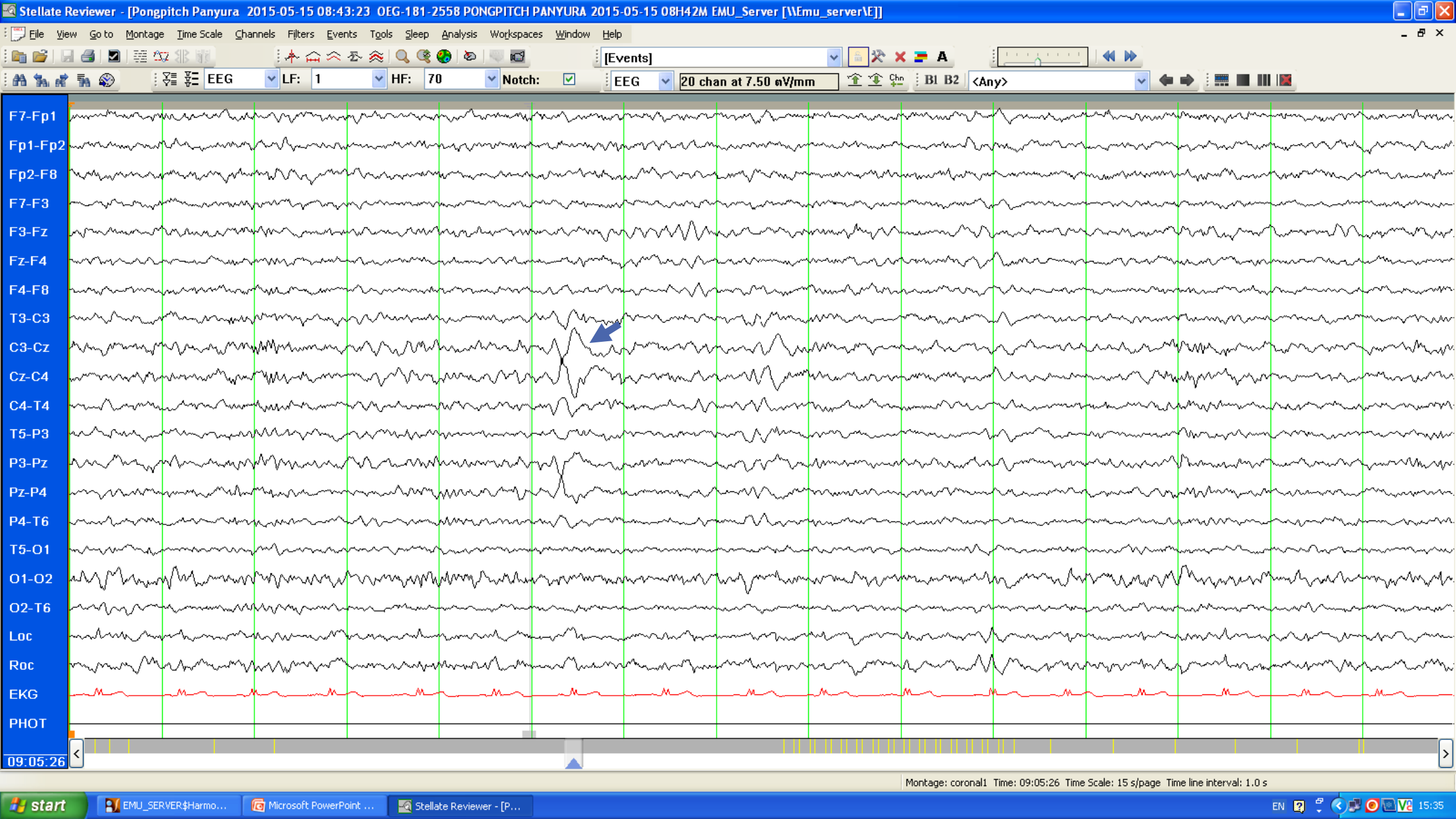


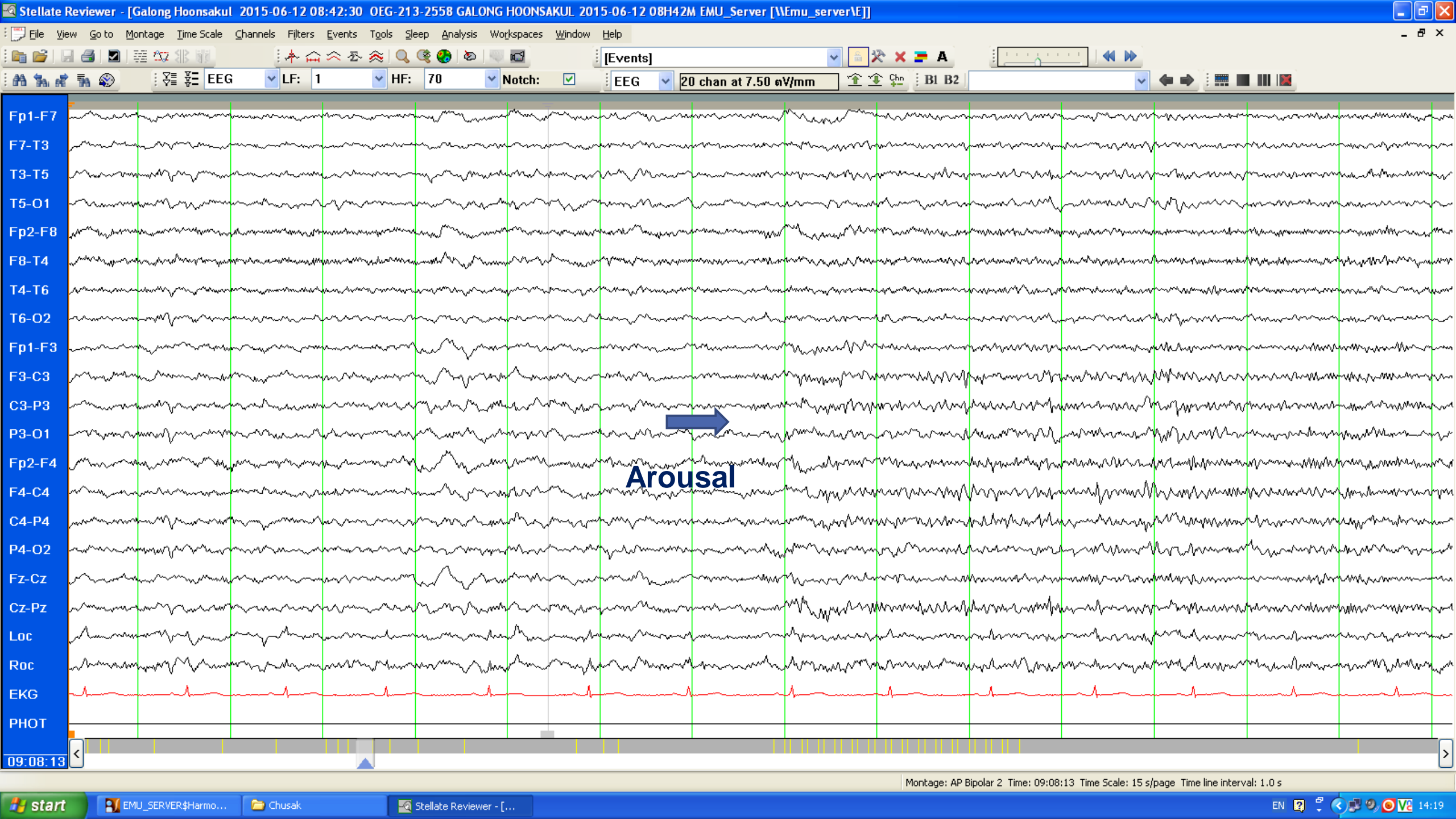


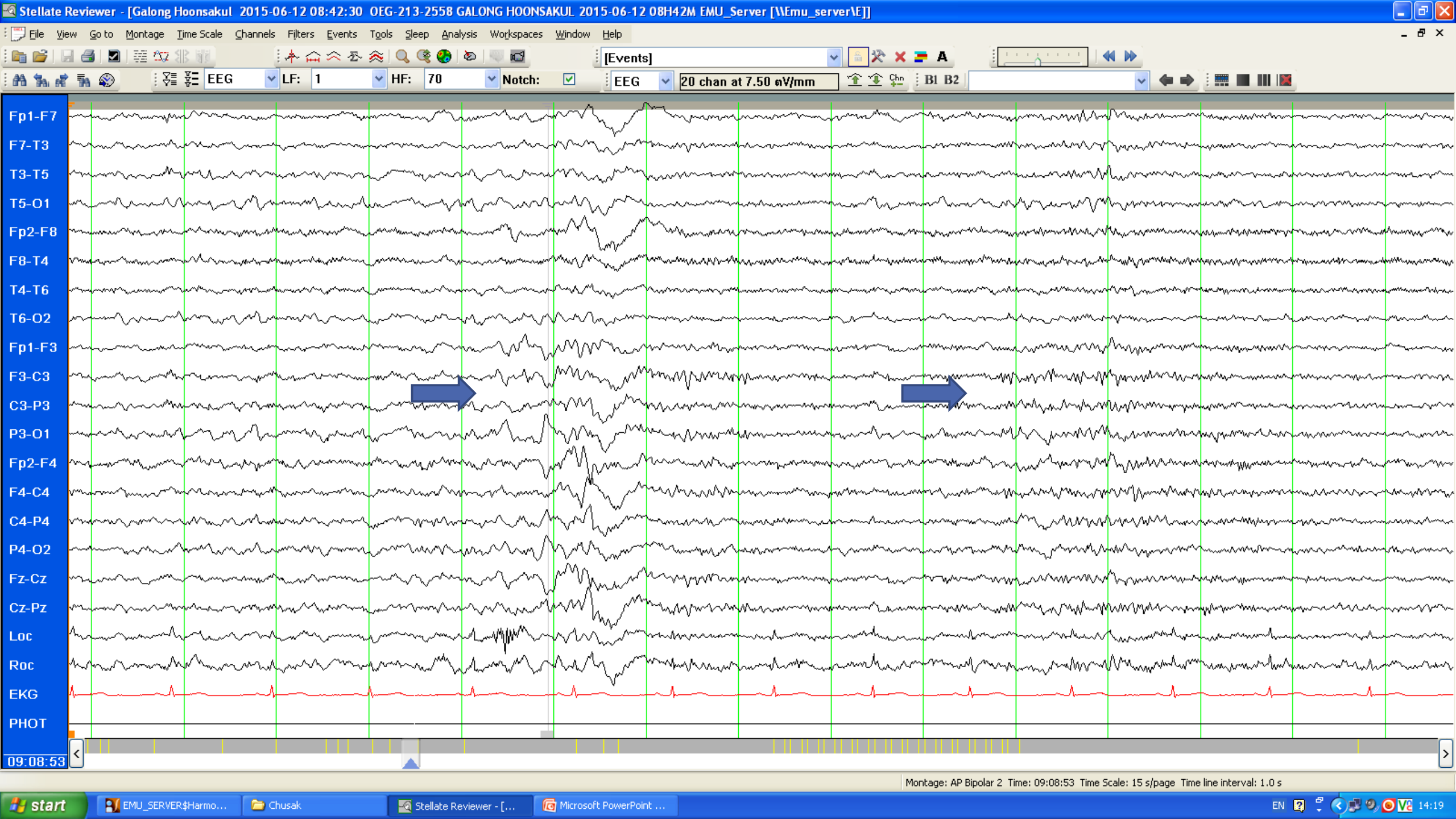




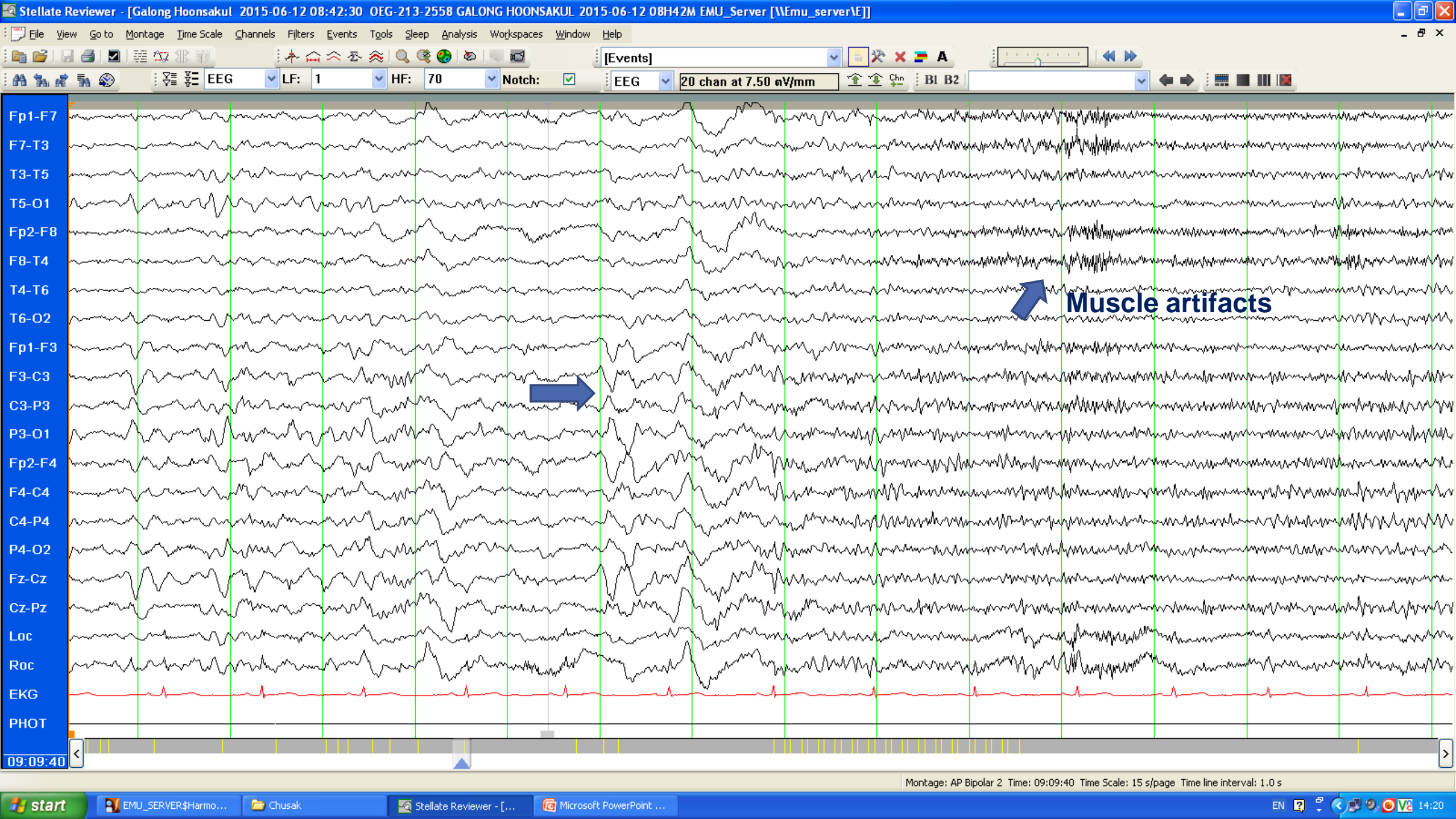


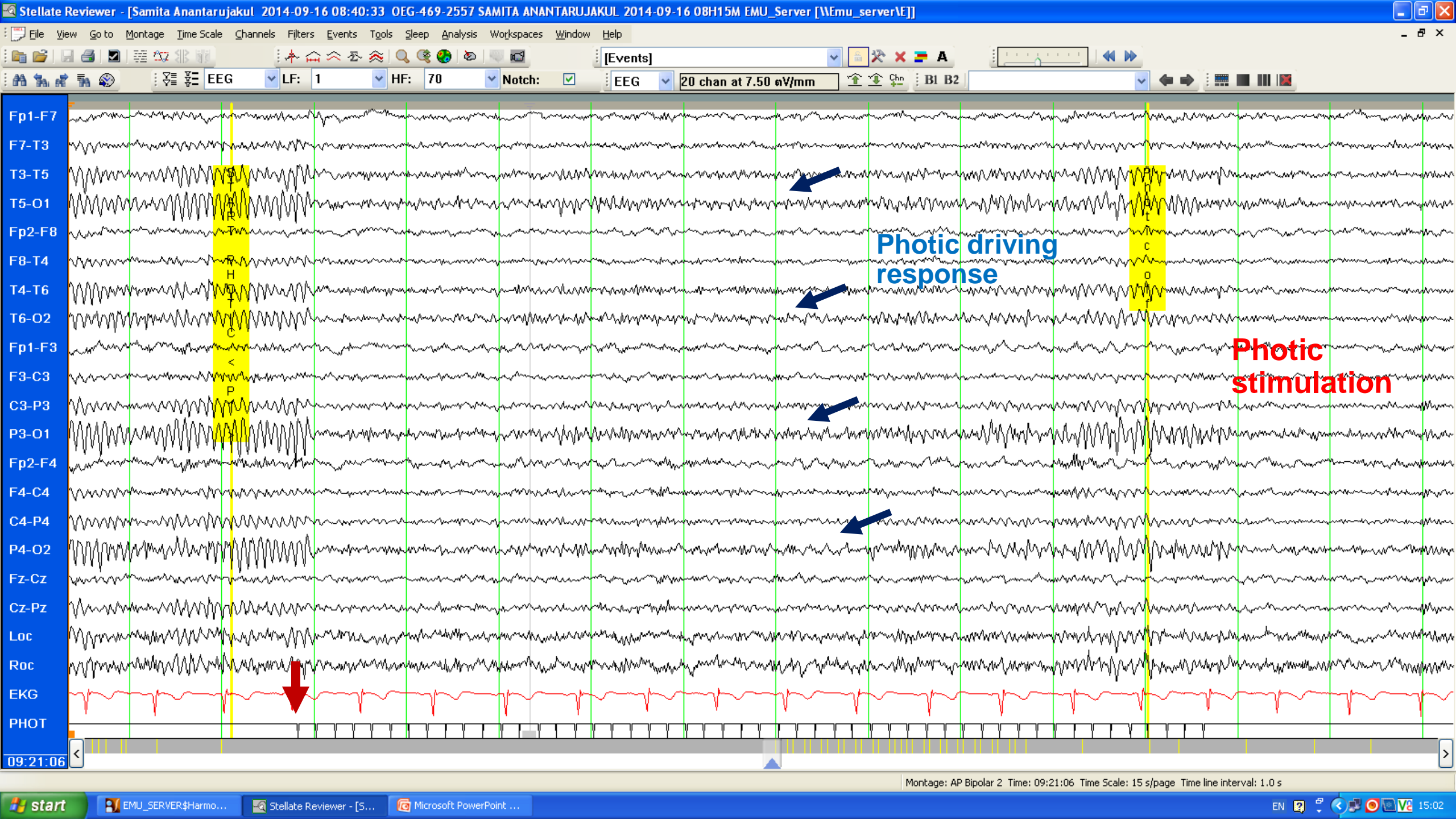


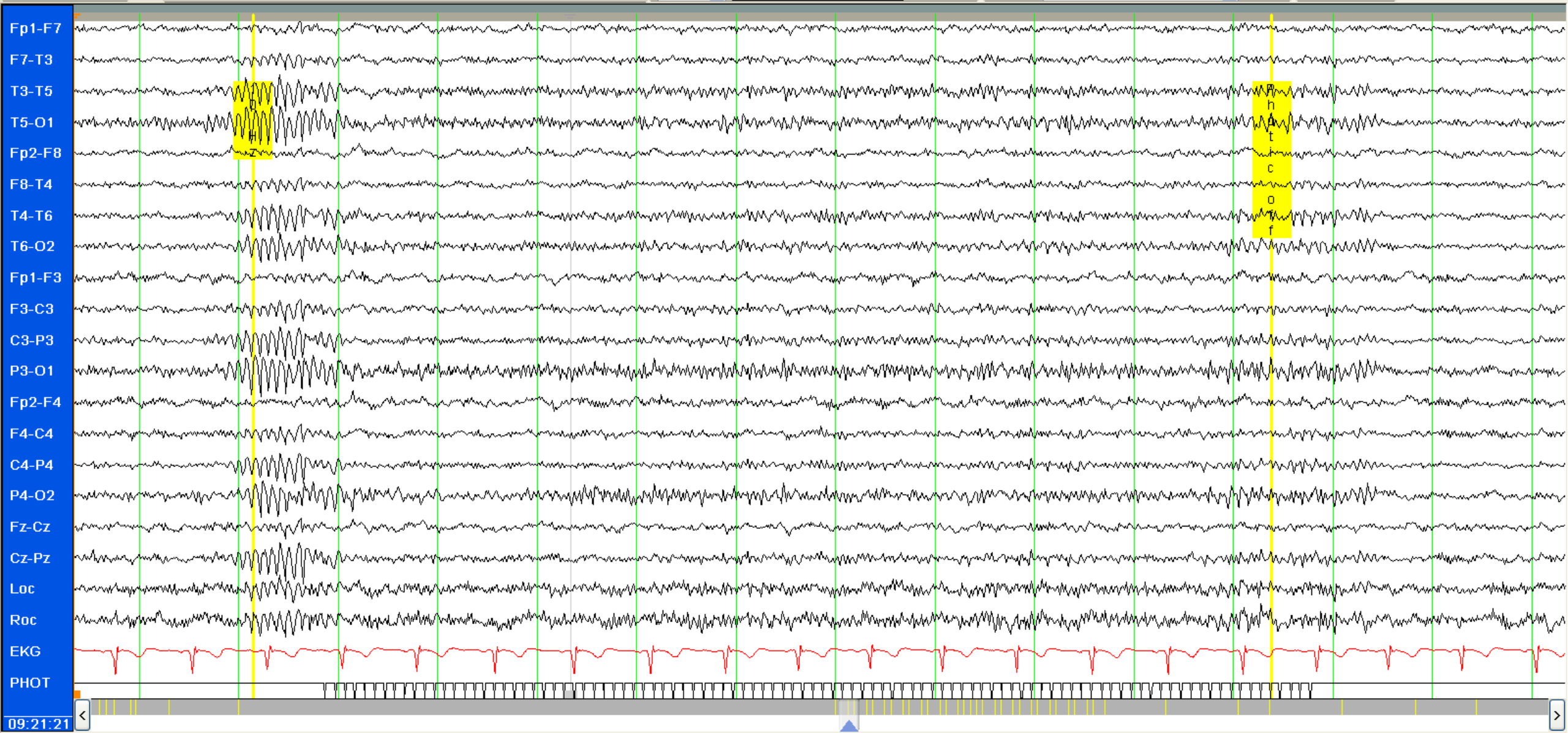


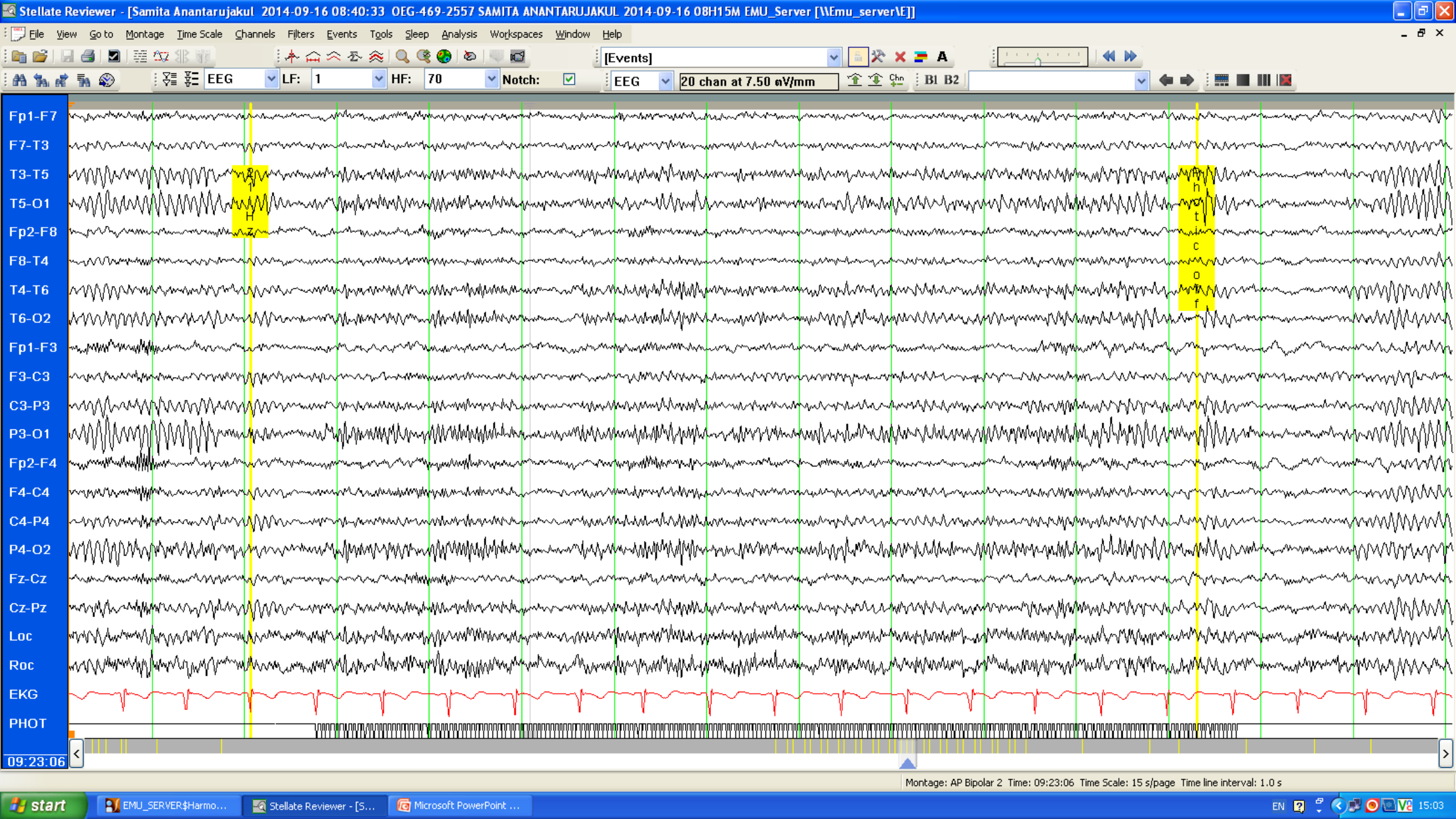




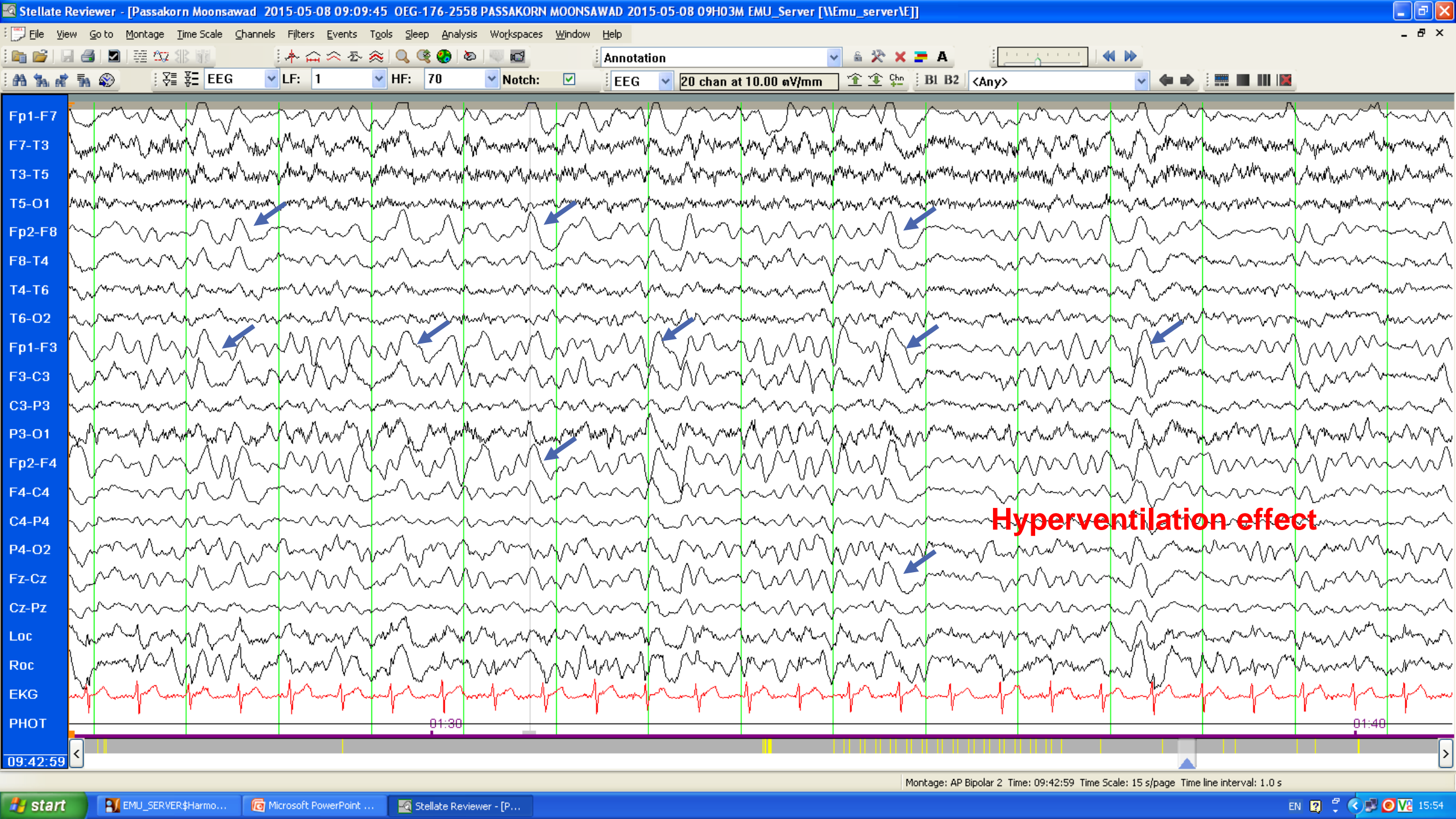












**THANK YOU FOR YOUR ATTENTION**