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Clinical and Laboratory Correlates of Frontal Intermittent Rhythmic Delta Activity (FIRDA)

Füsun KORKMAZ ALEHAN

Nathan WATEMBERG

Neurophysiology Laboratory, Department of Neurology, Medical College of Virginia, Richmond, Virginia, USA

 [Keywords](#)
 [Authors](#)



medsci@tubitak.gov.tr

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Abstract: This study was carried out to determine whether certain clinical, laboratory, or radiological parameters predispose patients to develop FIRDA in acute situations. Charts of patients in whom FIRDA was detected on an EEG on hospital admission were reviewed. Demographic data, clinical history, physical findings, laboratory results and neuroimaging studies were recorded. Sixty-eight patients with a median age of 56 years were included. Chronic illness was present in 78%. Normal background activity was observed in only 17% of the cases. Epileptiform discharges were uncommon. Abnormal neurological findings were detected in over two thirds of patients. Renal function impairment was present in 34 patients, hyperglycemia in 22, and abnormal transaminases in 8. Cranial magnetic resonance imaging was abnormal in 15 of 17. Intrahemispheric lesions, particularly ischemic and hemorrhagic, were present in 10, and basal ganglia lacunae in 4. Computerized tomography was abnormal in 29 of 44. Most lesions were ischemic in nature. Brain tumors, hydrocephalus, and midline lesions were not detected. In conclusion, FIRDA is associated with encephalopathy and most patients in this series had a history of chronic systemic illness. Chronic, mostly ischemic structural brain lesions, may predispose some patients to develop FIRDA during acute metabolic derangement.

Key Words: FIRDA, EEG, clinical findings, metabolic disturbances

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