

work showed that VEP parameters obtained with pattern stimulation did not differ significantly between the patients and control groups, whereas in the case of flash stimulation they could find a significant delay in latency of VEP P100 peak [21] which once again support the results of present work. Regarding the side effects of anti-epileptic drugs on VEP, there exist a number of research works [22, 23]. One of the aspects of the present work was a recording of VEP in patients under anti-seizure treatment using two types of stimulation techniques i.e., flash and pattern reversal checkerboard. The reason for this attempt was the drowsiness and fatigue in a few patients which is the side effect of some anti-seizure drugs [24] and therefore lack of fixation and concentration on the monitor fixation point necessary to record VEP using pattern reversal checkerboard. In fact, the selection of stimulation technique plays a vital role in recording VEP in some cases including epilepsy. Shushtarian S.M. and his colleagues reported severe headaches initiated by flash stimulation during visual evoked potential recording in a patient with monocular optic neuritis and a history of migraine headache [25]. Selection of VEP with different stimulation techniques for better diagnosis of seizure epilepsy and other diseases is reported by different research workers [21, 26 - 28] which are proof of the advantage of recent work.

Conclusion

Patients suffering from seizures, may have visual disruption which is either due to the disease itself or anti-seizure drugs necessary to treat the seizure. The visual evoked potential is a suitable technique for this purpose, however, two types of stimulation techniques for recording VEP are to be taken into consideration.

Conflict of interest

The authors have no conflict of interest with the subject matter of the present manuscript.

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