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Template and format for letters to the editor regarding TMS-related spells (seizures, syncopal episodes)

In an effort to encourage full and efficient reporting of all TMS-related seizure events or spells, Brain Stimulation has set up a simple method for publishing these events. Authors should follow the following format, adding in the pertinent information if available. Following publication of the letter, we will then also place this information in a constantly updated spreadsheet of TMS seizures, accessible from the Brain Stimulation webpage. Before preparing the letter to the editor regarding the seizure, we encourage authors to download and view the web-video distinguishing syncope from seizures, available at www.brainstimjrnl.com/content/mmc_library.

Dear Editor:

We report the following TMS-related seizure or spell. The subject was a xx year old man/woman with the following diagnoses (healthy control, xx disease). The patient had the following risk factors (prior closed head injury, loss of consciousness, history of seizures or febrile seizures, family history of epilepsy). He/she was taking the following medications (list generic drugs and doses). On the day of the event, the subject had the following additional risk factors (change in sleep pattern, sleep deprivation, change in medication, occult drug use, high doses of caffeine, etc.).

We were delivering the TMS in the following manner - coil type (round, figure eight), coil location, TMS machine manufacturer, orientation of coil, biphasic or uniphasic pulse, intensity related to motor threshold, method of motor threshold determination (active, resting, EMG, visual), frequency, length of train, intertrain interval, total number of pulses in a session, number of sessions.

The event occurred x minutes into the YY train for this patient on the ZZ day of stimulation. The subject was sitting, standing, seated, upright, supine, etc. The setting was a research lab, clinical delivery suite, other. The TMS operator first noted (describe any movements, where, type, vocalizations, head turning, eye turning). The TMS operator had the following training regarding seizures. The movements lasted for XX minutes. We did the following (passive support, starting IV, administering medications). The subject had urinary, fecal incontinence, post-ictal confusion lasting xx minutes or hours, tongue biting, other physical trauma. The seizure self-terminated or stopped after xx intervention. During the event it was possible/not possible to check pulse and blood pressure, which were XX.

A general neurologic exam and mental status exam was performed by XX, with what type of training, xx minutes after the event and the following was noted. These labs were drawn and were normal/abnormal (electrolytes, calcium, prolactin) or whatever. An EEG was done/not done and revealed the following (...). A brain CT/MRI revealed the following (...). There were/were not sequela. The patient was retreated with TMS (or not).

The clinical diagnosis of this event was TMS-related seizure, TMS-related syncope, other. The specific reasons for favoring this choice among the possible differential diagnoses were XX. This event is also listed in the following publication. This event was also reported to the FDA or other safety body.

Name of investigator and location of where the seizure occurred.

AFTER ACCEPTANCE

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