The Greater Boston Epilepsy Society (GBES) is an informal group consisting of academic physicians, private practice neurologists, researchers, neuropsychologists, neuropsychiatrists, social workers, nurses, and other professionals devoted to the care of patients with epilepsy. It was founded in 1995 by Dr. Andrew Cole from the Massachusetts General Hospital and Dr. Gregory Holmes, at the time from the Children’s Hospital of Boston, with the goal of providing an informal educational forum and, perhaps more importantly, an opportunity to meet and establish camaraderie with other local epilepsy professionals. Three times a year, the members gather for dinner and an educational event. The first of these meetings, entitled "Great Cases in Epilepsy," has been devoted to the discussion of clinical cases, typically presented in a case format by the clinical epilepsy fellows at a local teaching hospital.

The Boston area, being blessed with a large concentration of independent epilepsy centers, provides a unique collective of clinical and research resources and as such draws a rich assortment of interesting or unusual cases of epilepsy. The case presentation forum accomplishes two objectives. Firstly, it provides a means for epileptologists, particularly residents and clinical fellows, to learn about cases in epilepsy that are sufficiently unusual that they might not be countered during their training but are of such importance that they should be recognized during the one or few times they may encounter them in their careers. Secondly, for a particularly vexing case, the collective wisdom of the group may often provide further insights into the diagnosis and management of the patient in question.

We present this year’s case presentations in this issue of Epilepsy & Behavior Case Reports. Dr. Marcus Ng uses the Creutzfeldt-Jakob Disease as a model to examine a rational approach toward the treatment of nonconvulsive seizures. Dr. Sandipan Pati presents an unusual patient with epilepsy and progressive focal cortical atrophy. Dr. Ammar Kheder presents an unusual case of burst suppression pattern on EEG that is a physiological, rather than pathological, phenomenon. Dr. Stephen VanHaerents describes a case of anti-NMDAR encephalitis with the newly described “extreme delta brush” pattern and provides what we believe is the first report of its persistence. Dr. Swapna Putta presents the clinical, electrographic, and radiological findings of an unusual case of occipital lobe seizures in a patient with diabetic nonketotic hyperglycemia. Dr. Matthew Rose’s case on neuropsychiatric encephalitis reminds us that the mundane first seizure presentation may be a result of a most unusual etiology (at least in Boston).

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