



Figure 2. ESI-SOZ for different intracranial EEG ictal electrographic patterns.

Clinical classification of ictal events according to specific electrographic patterns: (a) Low-voltage fast activity: clearly visible rhythmic activity >13 Hz; (b) Sharp activity at ≤ 13 Hz: low- to medium-voltage sharply-contoured rhythmic activity, most commonly in the alpha- theta range; or (c); Spike-and-wave activity: medium- to high-voltage spike-and-wave complexes typically occurring at a frequency of 2–4 Hz. Upper Right: Boxplot distribution for the different ictal patterns and comparison between seizure-free and non-seizure-free patients. Circles denote values that are farther than 1.5 interquartile ranges. Lower Right: Odds Ratios (OR) and 95% confidence intervals for seizure freedom as defined by the resection of SOZ dipoles. Our results indicate that the resection of low-voltage fast activity SOZ dipoles presented the best association with surgical outcome (OR=3.3). * = $p < 0.05$; ** = $p < 0.005$; *** = $p < 0.001$