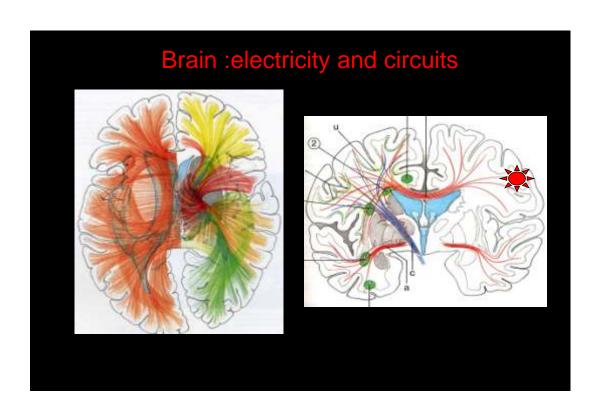
Epilepsy Surgery "Hypothesis to be proven"





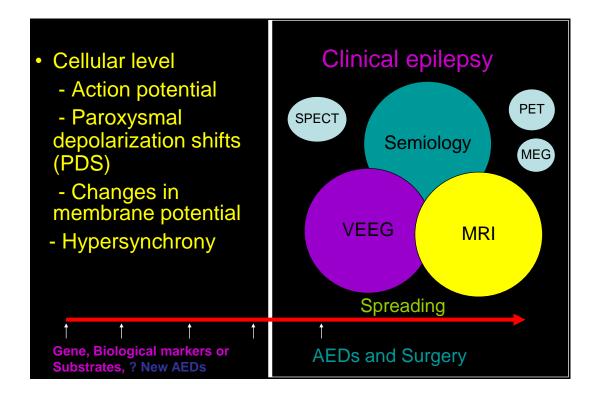


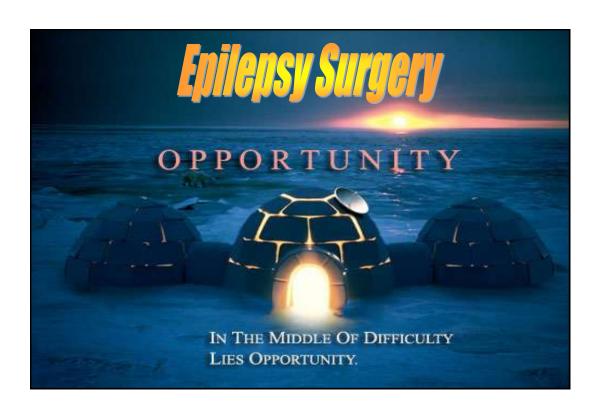
Atthaporn Boongird, MD. Ramathibodi Hospital

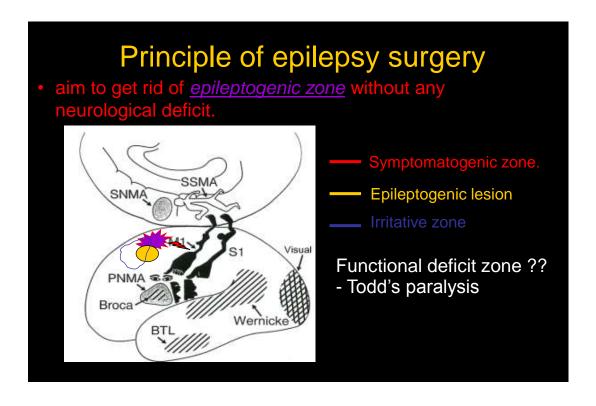


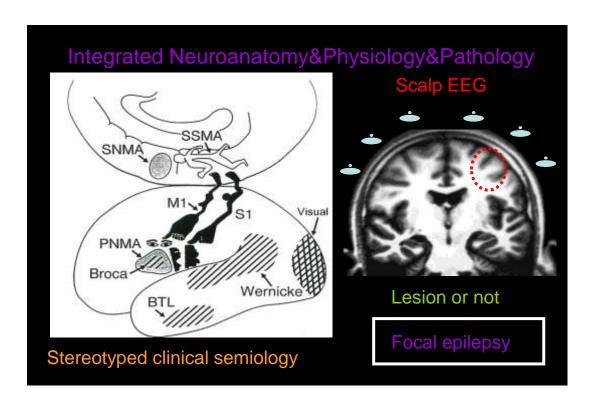
Two main characteristics defining the generation of epilepsy

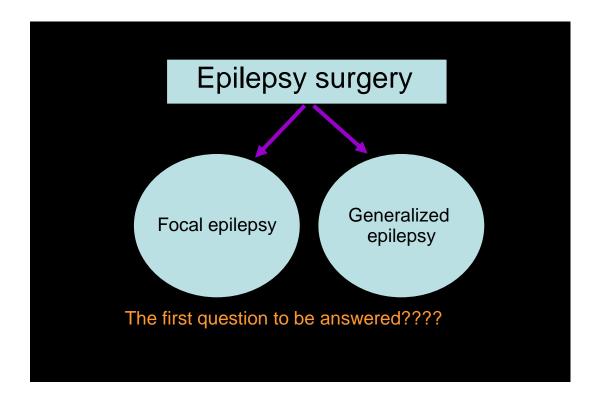
- 1) Hyperexcitability: is the ability of neurons to fire spontaneously at a lower threshold than normal.
- Hypersynchrony: is the ability of firing neurons to recruit neighboring cells and to transmit the signal to distant locations.

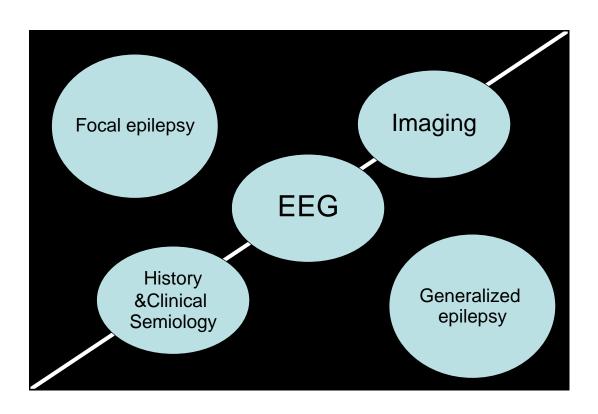


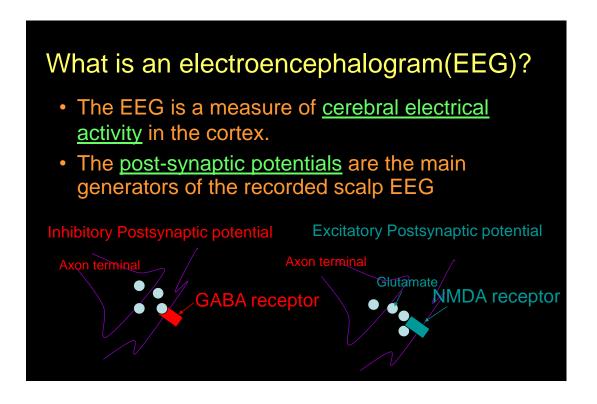


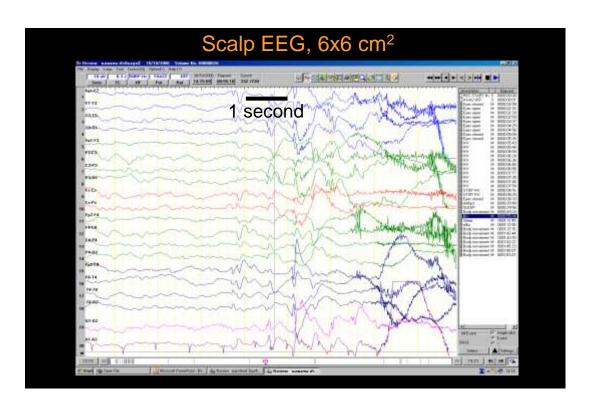


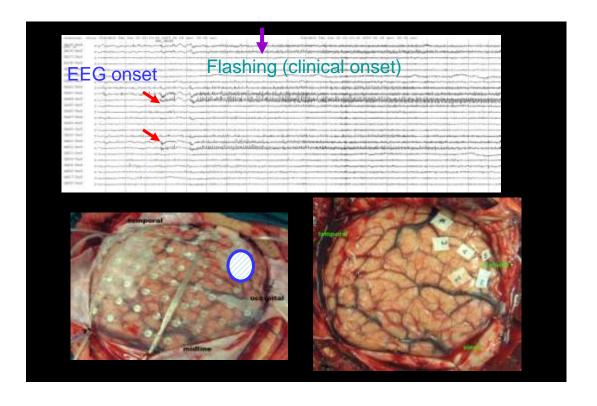


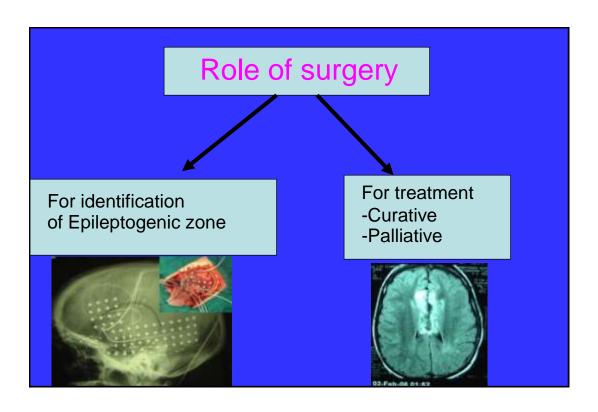


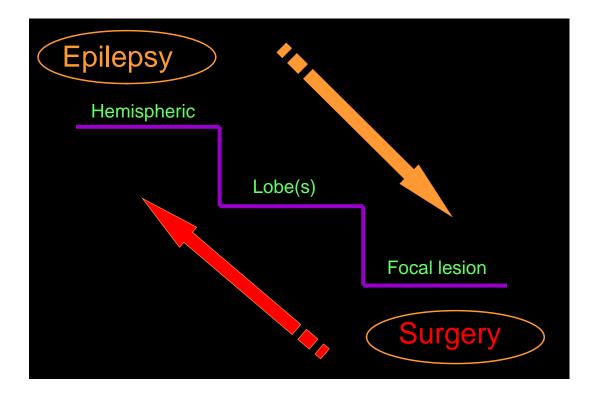


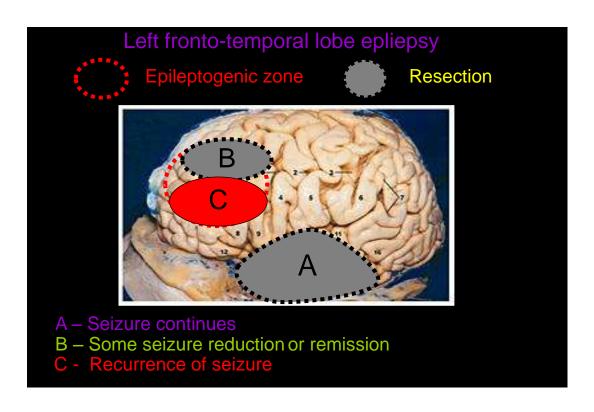


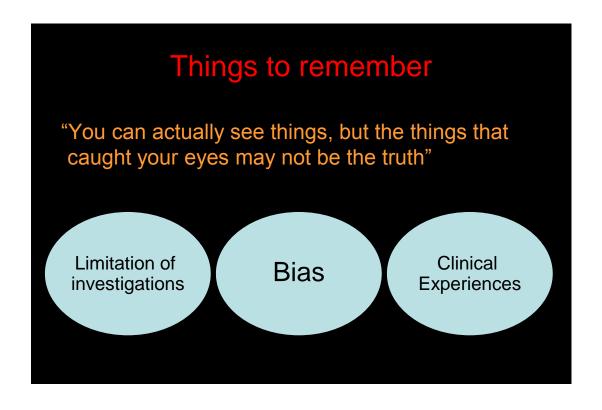












Steps in Epilepsy Surgery

- · Makes your good hypothesis.
- Confirms your hypothesis.
- Makes a safely reasonable move for the patients.
- When ?: The earlier is better for developmental concern.
- Long term follow-up is very important.

Timing of surgery

- 1) Urgent surgery for life threatening conditions
- 2) Elective surgery
 - 2.1) Lesional surgery
 - 2.2) Medically intractable epilepsy

Too young for surgery

Natural History Development Plasticity Epileptogenicity

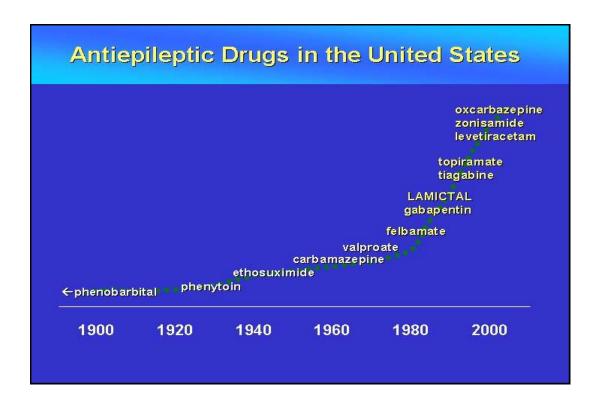
Too late ???

What are specials in kids?

- Daily seizures
- Difficulties of H&P, investigations
- Developmental concerns : EEG , timing of surgery, plasticity
- Different pathology and diseases
- Details and details in any procedures
- Demands of family

Facts in epilepsy surgery

- The more epileptic tissue is removed, the better seizure free accomplished.
- An epileptogenic tissue can be located in or near the eloquent cortex.
- Invasive monitoring should be performed to answer specific questions, which go along with your hypothesis.
- "Possibilities" makes the surgery challenging and fun.
- "The right move leads to the right results".



Does anticonvulsant work?		
Seizure-free	N	%
First monotherapy	222	47
Second monotherapy	61	13
Third monotherapy	6	1
Two AEDs	12	3
Total	301	64
470 patients with newly diagnosed epilepsy) Brodie, Kwan 2002		

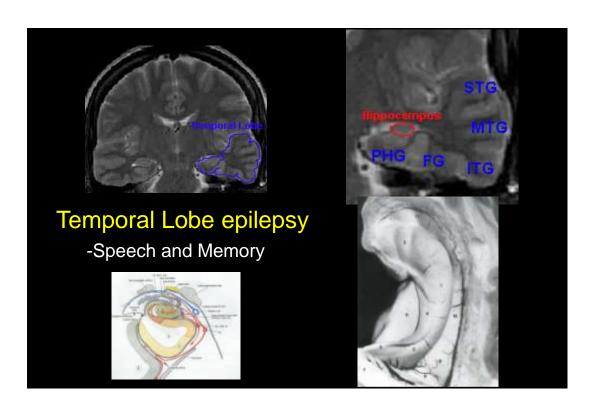
Why surgery ???

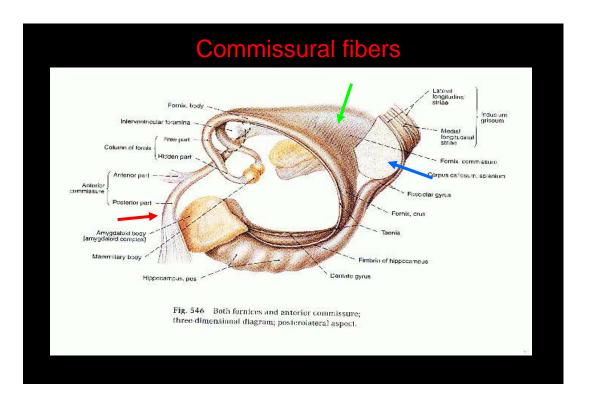
- · Intractable epilepsy
- · Refractory epilepsy
- · Risk of sudden death
- Quality of life
- · Neurological development
- Cost & effectiveness
- Side effects of antiepileptic medications
- Secondary epileptogenicity
- Life threatening condition

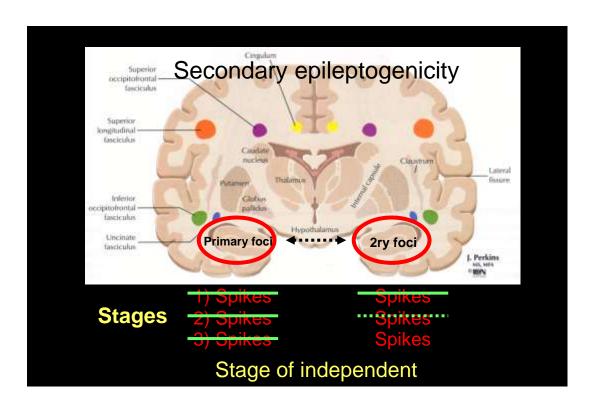


What are the challengers in epilepsy surgery?

- 1) Where is the epileptogenic zone?
- 2) Is functional cortex involved or not?
- 3) Pediatric population cooperation
- 4) Surgical techniques







Benefit of surgery

- 1) Seizure control
- 2) Reduce anticonvulsants if seizure free
- Improved quality of life for patients and care givers
- 4) Cost &effectiveness
- 5) Improved neurological development for children after seizure control