Surgical Outcome of Drug-Resistant Epilepsy in Prasat Neurological Institute

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Background

■ More than 30% of patients with epilepsy are refractory to antiepileptic drug treatment. For these drug-resistant patients surgery is a therapeutic option.

□ Data from multiple sources suggest that between 55 - 70% of patients underwent temporal resection and 30-50% of patients underwent extra-temporal resection become completely seizure-free.

Kwan P, Brodie MJ. Early identification of refractory epilepsy. N Engl J Med 2000;342:314–9.

Background

Assessment of long-term outcome is essential for epilepsy surgery because it is an irreversible procedure and has a chronic effect on the life quality.

Objective

To study seizure outcome and predictor of seizure recurrence in patients with drug-resistant epilepsy in Prasat Neurological institute(PNI), Thailand.

Methods

Patients with drug-resistant epilepsy whose aged above 15 years old and underwent epilepsy surgery in PNI during November 2010- November 2014 were recruited. All of them must have at least 6 months follow up post-operatively.

Seizure outcome was evaluated every 6 months using ENGEL classification. All variables related to the outcome were collected from outpatient and inpatient records.

Methods

Seizure outcome was analyzed using survival analysis and predictors of seizure recurrence were analyzed using Kaplan-Meier method and Cox proportional hazards model.

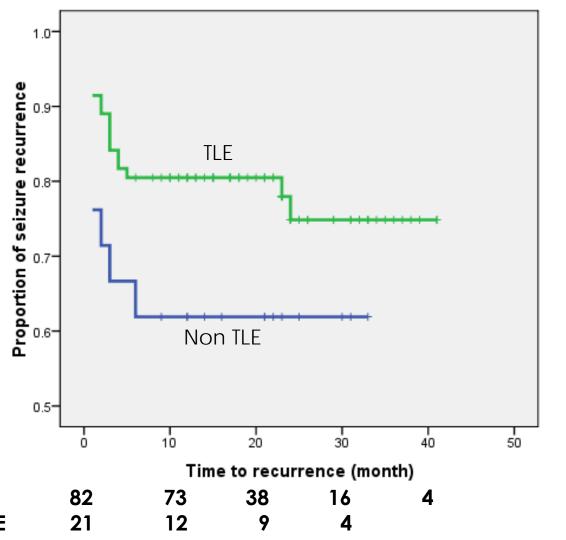
Results

□ One hundred and three adult patients with mean age of 36 years old (15-69) were studied. Forty-seven percent is female. Mean age onset of epilepsy is 18 years old (1-58). Mean epilepsy duration is 16 years (1-52). Mean seizure frequency is 12 per month (1-210).

■ Mean follow-up is 22 months (6-41). About eighty-three percent have temporal lobe epilepsy (TLE).

Results

Follow up period	6 mo	1 yr	2 yr	3 yr
	n=103	n=95	n=51	n=18
Engel 1	71%	78%	80%	78%
Engel 2	15%	8%	6%	6%
Engel 3	11%	12%	14%	3%
Engel 4	4%	2%	0	0





Survival time	month	95% CI
Overall	31.1± 1.7	27.9-34.4
TLE	32.46 ± 1.8	28.98-35.94
Non TLE	21.19± 3.3	14.74-27.64

Log rank (Mantel-Cox) p-value 0.09

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TLE	82	73	38	16	4
Non TLE	21	12	9	4	

Kaplan-Meier survival estimates for TLE & non TLE using seizure recurrence as the primary end point

Results

Seizure free (percent)	6 month	1 year	2 years	3 years
Non TLE (n=21)	71.4	61.9	61.9	-
TLE (n=82)	92.7	80.4	78	78

Univariable and multivariable survival analysis of time to first seizure

Variables	Crude HR	95% CI	p-value	Adjusted HR	95% CI	p-value
Age	1.00	0.97-1.03	0.78			
Sex	0.84	0.39-1.83	0.66			
Onset	1.00	0.97-1.03	0.94			
Duration	0.99	0.96-1.03	0.70			
Seizure frequency	1.00	0.99-1.01	0.42			
Risk factors	1.97	0.90-4.26	0.09			
TLE	1.98	0.86-4.55	0.11			

Univariable and multivariable survival analysis of time to first seizure

Variables	Crude HR	95% CI	p-value	Adjusted HR	95% CI	p-value
IED population						
- 1 population	1					
- ≥2 populations	1.84	0.81-4.18	0.14			
- none	0.52	0.15-1.84	0.31			
IED pattern						
- regional	1					
- multiregional	0.72	0.17-3.09	0.66			
- none	0.42	0.13-1.42	0.16			
Ictal onset						
- 1 onset						
- ≥ 2 onsets	2.83	1.12-7.19	0.03	7.2	1.38-37.28	0.02
- none	0.55	0.13-2.38	0.43			
Ictal pattern						
- regional	1					
- multiregional & generalized	2.68	0.36-19.95	0.34			
- non-localizable	0.76	0.23-2.56	0.66			

Univariable and multivariable survival analysis of time to first seizure

Variables	Crude HR	95% CI	p-value	Adjusted HR	95% CI	p-value
MRI	1.93	0.58-6.44	0.29			
- 1 lesion						
- multiple lesions	3.35	1.46-7.65	0.04	1.75	0.55-5.63	0.35
- no lesion	3.09	0.86-11.11	0.09			
ICEEG used	2.17	0.94-4.99	0.07			
Side of surgery	0.57	0.25-1.27	0.17			
Operation						
- lobectomy	1					
- lesionectomy	0.99	0.29-3.39	0.99			
- multilobar resect	3.46	1.27-9.41	0.02	13.51	1.05-173.1	0.045

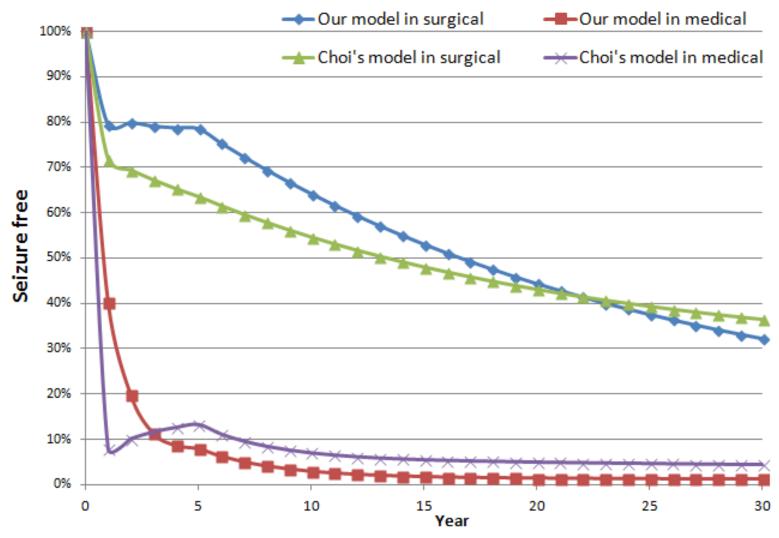
Complication

- □ Rate of transient complication (recover within 6 mo) is 10.6% and permanent complication (recover in >6mo) is 9.7%.
- □ No death.

	quadrantanopia	hemianopia	memory	naming	weakness
Temporary	3	0	1	5	2
Permanent	4	2	0	3	1
Total	7	2	1	8	3

Discussions

■ Surgical treatment in TLE and non TLE patients with drugresistance results in favorable outcome (seizure free rate 78% (TLE) and 62% (non TLE) at 2 years).



Kitwitee P & Unnwongse K et al 2014.

Discussions

Multiple ictal onsets and multilobar resections are negative predictors of seizure outcome.

In line with previous studies, multiple ictal onsets required multilobar resections may reflect broad epileptogenic zones or complex epileptogenic network.

Aghakhani, Y.et al, Epilepsia 2014,. Jeha L et al, Brain Feb 2007, Sarkis R, et al, Epilepsia 2012.

Advantages and Limitations

Has homogeneous data from one center, one team, one surgeon, and same set of technology.

However it has short term follow up and has small number of patients, therefore long term outcome and subgroup analysis could not be accomplished.

Conclusions

■ Favorable seizure outcomes after epilepsy surgery were obtained in both TLE and non TLE patients with drug resistance.

Number of ictal onset and type of operation predict seizure recurrence after surgery.

Thank you for your attention





