

Accepted Manuscript

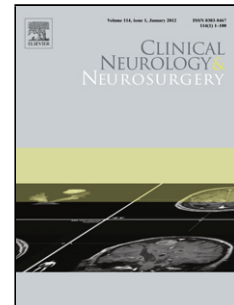
Title: Failed Epilepsy Surgery Deserves a Second Chance

Authors: Chrystal M. Reed, Sandra Dewar, Itzhak Fried,
Jerome Engel Jr., Dawn Eliashiv

PII: S0303-8467(17)30285-8
DOI: <https://doi.org/10.1016/j.clineuro.2017.10.023>
Reference: CLINEU 4808

To appear in: *Clinical Neurology and Neurosurgery*

Received date: 5-6-2017
Revised date: 12-10-2017
Accepted date: 21-10-2017



Please cite this article as: Reed Chrystal M, Dewar Sandra, Fried Itzhak, Engel Jerome, Eliashiv Dawn. Failed Epilepsy Surgery Deserves a Second Chance. *Clinical Neurology and Neurosurgery* <https://doi.org/10.1016/j.clineuro.2017.10.023>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Failed Epilepsy Surgery Deserves a Second Chance

Chrystal M. Reed MD, PhD¹, Sandra Dewar RN, MS², Itzhak Fried MD, PhD³, Jerome Engel Jr. MD, PhD², Dawn Eliashiv MD²

¹Department of Neurology, Cedars Sinai Medical Center, Los Angeles, CA

²Department of Neurology and ³Neurosurgery, David Geffen School of Medicine at UCLA, Los Angeles, CA

Highlights

- Retrospective chart review of patients that required reoperation for epilepsy surgery.
- The most common reason for repeat surgery was incomplete first resection.
- Greater than 50% of patients achieved seizure freedom (Engel Class I).
- Risk of complications from reoperation was low.

Abstract

Objectives: Resective epilepsy surgery has been shown to have up to 70-80% success rates in patients with intractable seizure disorder. Around 20-30% of patients with Engel Classification III and IV will require reevaluation for further surgery. Common reasons for first surgery failures include incomplete resection of seizure focus, incorrect identification of seizure focus and recurrence of tumor.

Patient and Methods: Clinical chart review of seventeen patients from a single adult comprehensive epilepsy program who underwent reoperation from 2007 to 2014 was performed. High resolution Brain MRI, FDG-PET, Neuropsychometric testing were completed in all cases in both the original surgery and the second procedure. Postoperative outcomes were confirmed by prospective telephone follow up and verified

Download English Version:

<https://daneshyari.com/en/article/8682048>

Download Persian Version:

<https://daneshyari.com/article/8682048>

[Daneshyari.com](https://daneshyari.com)