

IS FREEDOM OF SEIZURES THE ONLY GOAL OF EPILEPSY SURGERY?

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Key words: Epilepsy, drug resistance, neurosurgical treatment, seizure outcome, psychosocial outcome, cognitive outcome

Resective neurosurgical treatment of pharmacoresistent focal epilepsy is highly effective. Seizure freedom is reported in more than 50% of operated patients, 59–89% are classified into Engel's class I. Fast relieve from chronic disorder with frequent seizures and with well known psycho - social burden solves many of the patient's problems, however sudden improvement in health may rise new concerns.

Extensive presurgical evaluation is aimed toward delineation of an epileptogenic zone, that should represent the smallest possible amount of tissue to be resected with as little risk of neurological post operative deficits or cognitive decline as possible. On the other hand, mood changes and psycho-social changes in patients' lives that are common after surgical treatment of epilepsy, are difficult to predict and even more difficult to prevent. In the series of 60 patients who are free of disabling seizures after resective surgery we recorded higher incidence of transient mood changes that in other epilepsy patients and high incidence of divorces.

We will present three selected cases to illustrate outcomes of surgical treatment for epilepsy beyond seizure freedom. Strategies to prevent unfavourable quality of life outcome of otherwise very successful treatment of chronic neurological disorder will be discussed.

Reference List

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