



## Patients in whom surgical closure of terminal branches of external carotid arteries for migraine treatment resulted in reduced frequency of epileptic attacks

**To the Editor:** I read the recent case report by Shevel<sup>[1]</sup> with regard to three cases of migralepsy with great interest. The author described postoperative improvement in migraine after surgical bilateral closure of terminal branches of external carotid arteries, which in every case was associated with marked reduction in occurrences of epilepsy in the same patients. I would like to point out that migralepsy (i.e. migraine-related epilepsy) is a common entity, affecting ~50% of people suffering from essential headaches (migraine and other nondescript headaches).<sup>[2-5]</sup> The veracity of the author's finding is attested to by a similar dramatic improvement in migraine-related seizures after headaches are brought under adequate control, using daily scheduled maintenance therapy with opioids, employing dose-titrating methodology. This may require up-titrating the dose to very high levels in some patients.<sup>[6]</sup>

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