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We Learn and Teach
Doc Sayings:

Just gonna go eyeball the patient
DOUBLE BANANA EEG
We Have Fun
We are a FAMILY
Karaoke Night
We Are Happy
We Are Friends With Neurosurgery
Meet Our Program Director
Meet Our Attendings
Meet Our Program Coordinators
Welcome to Southern California
You Will Not Miss Snow
CAT BUDS
SEIZURE FREEDOM AFTER EPILEPSY SURGERY FOR MEDICALLY REFRACTORY FOCAL EPILEPSY IN A PATIENT WITH RIGHT FRONTAL FOCAL DYSPLASIA AND SEIZURES OF RIGHT HIPPOCAMPAL ORIGINS

INTRODUCTION

Focal Cortical Dysplasia (FCD) is a malformation of cortical development and is one of the most common causes of medically refractory seizures in the adult population. These patients often undergo pre-surgical evaluation as the first line of treatment with standard antiepileptic medications (AEDs). Unfortunately, antiepileptic drugs are frequently effective in reducing the frequency and severity of seizures without achieving seizure freedom. EEG monitoring, however, is necessary to achieve seizure freedom after epilepsy surgery with reversed FCD indicating the comprehensive pre-surgical evaluation at all steps of the process must be done to identify the location of the seizure origin.

CASE DESCRIPTION

25 year old right-handed man with a six-year history of medication-refractory epilepsy presented for epilepsy surgery. Seizure onset was for at least 12 years. He had a history of generalized tonic clonic seizures with aura, occurring at least three times a month. MRI revealed right hippocampal atrophy. An MRI was performed in the recording of seizures to identify the location of the seizure focus.

INVESTIGATIONS

The patient underwent a comprehensive pre-surgical evaluation, including MRI, EEG, and neuropsychological testing. The patient's seizure semiology was characterized by brief,acksonian seizures involving the right temporal lobe. The patient underwent right temporal lobectomy, including the resection of the hippocampus and the surrounding mesial temporal structures. The patient's seizures were completely abolished, and he was seizure-free for two years after surgery.

CONCLUSION

Our case demonstrates the importance of comprehensive pre-surgical evaluation in patients with FCD for optimal surgical outcomes. The comprehensive pre-surgical evaluation includes detailed EEG, MRI, and neuropsychological testing. The patient's seizure semiology and the results of the pre-surgical evaluation were critical in determining the surgical approach and the location of the seizure focus. The patient's seizure-free status after surgery highlights the importance of a multidisciplinary approach to epilepsy surgery.

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Night Float Fun
We Go Fishing
We come from all backgrounds, but we put aside our private lives so we can make yours better.