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PRE-SURGERY PHASE 1 EVALUATION RESULTS AND CONTRIBUTION TO SURGERY IN PEDIATRIC PATIENTS WITH DRUG-RESISTANT EPILEPSY

Objective: Epilepsy surgery is an important treatment option in children with drug-resistant epilepsy. Preoperative evaluation of patients who are candidates for surgery; consists of non-invasive Phase 1 evaluation and Phase 2 studies with invasive evaluations added as needed. In phase 1 evaluation; long-term scalp video EEG monitoring (LTVEM) and brain magnetic resonance imaging (MRI) are performed. We aimed reveal the results of the Phase 1 evaluation of pediatric patients with refractory epilepsy in our Video EEG Monitoring Unit, which is a 3rd Level Epilepsy Surgery Center, and to determine the variables affecting the prognosis. Material/Methods: All patients who were monitored at LTVEM between 2013-2021 and evaluated in the epilepsy surgery council were retrospectively analyzed. Results: The data of 523 patients who were long-term monitored (LTVEM) were reviewed; 466 of them diagnosed with refractory epilepsy owing to radiological and ictal EEG records and evaluated. MRI was normal in 158 patients (33.9%). There were pathological lesions on MRI in 308 patients (66.1%) and localized lesions in 87 patients (18.6%). As a result of the LTVEM, pathological findings of 114 (24.4%)

patients were lateralized and localized, however 243 (52.1%)of them were generalised/multifocal. Surgery was decided on 88 (18.8%) patients evaluated in the Epilepsy Surgery Council. VNS decision was taken in 141 (30.8%) patients who were not suitable for surgery. Conclusion: Surgical decision rate was 18.8% as a result of the phase 1 evaluation. Pediatric patients with focal refractory epilepsy can be treated safely with resective surgery, owing to the Phase 1 evaluation.
Keywords: drug resistant epilepsy, surgery, phase 1 evoluation

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