



O-FUN-22 - TEMPOROPARIETOOCIPITAL DISCONNECTION IN EPILEPSY SURGERY: CASE SERIES

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Resumen

Introduction: Surgical techniques for the treatment of refractory hemispheric epilepsy evolved from resection to disconnection techniques, maintaining efficacy with less morbidity. In multilobar subhemispheric epilepsy the disconnection techniques are also been used more frequently, but their efficacy in epilepsy control and safety have only been seldom described.

Objectives: To evaluate the outcome and morbidity of patients who underwent temporoparietooccipital disconnection in Epilepsy Surgery Group from Centro Hospitalar de Lisboa Ocidental.

Material and methods: Retrospective analysis of patients treated in our centre who underwent temporoparietooccipital disconnection.

Results: Ten patients underwent temporoparietooccipital disconnection, between 2010 and 2015. 6 patients were male. Median age at time of surgery was 5,5 years (range 2-52 years). Median duration of epilepsy before surgery was 3 years (range 1,8-46 years). Disconnection was performed on right side in 6 patients. Pathology results were available for 4 patients: 2 ischemic lesions and 2 cortical dysplasias. 1 patient died during follow-up and 3 patients underwent hemispherotomy for seizure recurrence. The seizure outcome of the other 6 patients was Engel I in 4 patients (Ia in two, Ib in one and Ic in one), Engel IIIa in one patient, and Engel IVb in one patient, after a median follow-up of 41 months (range 8-57 month). Morbidity was verified in only one patient, who had a malignant brain swelling that required craniectomy and remained in vegetative state after surgery.

Conclusions: Temporoparietooccipital disconnection is a safe and effective technique that can spare motor function in carefully selected epilepsy patients.