

Extensive [multilobar cortical dysplasia](#) in [infants](#) commonly is first seen with [catastrophic epilepsy](#) and poses a therapeutic challenge with respect to control of [epilepsy](#), [brain development](#), and psychosocial outcome. Experience with surgical treatment of these lesions is limited, often not very encouraging, and holds a higher [operative risk](#) when compared with that in older children and adults.

Two infants were evaluated for surgical control of catastrophic epilepsy present since birth, along with a significant psychomotor developmental delay. [Magnetic resonance imaging](#) showed multilobar [cortical dysplasia](#) (temporoparietooccipital) with a good electroclinical correlation. They were treated with a [temporal lobectomy](#) and posterior [parietooccipital disconnection](#).

Both infants had excellent postoperative recovery and at follow-up (1.5 and 3.5 years) evaluation had total control of [seizures](#) with a definite "catch up" in their development, both motor and cognitive. No long-term complications have been detected to date.

The incorporation of [disconnective techniques](#) in the surgery for extensive multilobar cortical dysplasia in infants has made it possible to achieve excellent seizure results by maximizing the extent of surgical treatment to include the entire [epileptogenic zone](#). These techniques decrease perioperative [morbidity](#), and Daniel RT et al. believe would decrease the potential for the development of long-term complications associated with large brain excision <sup>1)</sup>.

<sup>1)</sup>

Daniel RT, Meagher-Villemure K, Roulet E, Villemure JG. Surgical treatment of temporoparietooccipital cortical dysplasia in infants: report of two cases. *Epilepsia*. 2004 Jul;45(7):872-6. PubMed PMID: 15230716.

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