

The optimal surgical treatment of DNT is controversial. Some authors consider lesionectomy to be sufficient for good seizure control, whereas others advocate that additional resection of the epileptogenic zone beside the tumor improves outcome.

Further research is clearly needed to address this and other crucial questions ¹⁾. Because the epileptogenic location of DNT varies among cases, it is important to identify its location by preoperative multimodal examinations, including chronic subdural ECoG recordings ²⁾.

¹⁾

Ranger A, Diosy D. Seizures in children with dysembryoplastic neuroepithelial tumors of the brain-A review of surgical outcomes across several studies. *Childs Nerv Syst*. 2015 Jun;31(6):847-55. doi: 10.1007/s00381-015-2675-9. Epub 2015 Mar 21. PubMed PMID: 25795072; PubMed Central PMCID: PMC4445255.

²⁾

Murakami N, Morioka T, Hashiguchi K, Suzuki SO, Shigeto H, Sakata A, Sasaki T. [Clinical and histological characteristics of ictal onset zone in cases of intractable epilepsy associated with dysembryoplastic neuroepithelial tumor]. *Brain Nerve*. 2015 Apr;67(4):525-32. doi: 10.11477/mf.1416200170. Japanese. PubMed PMID: 25846601.

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