

Focal cortical dysplasia outcome

Ramírez-Molina et al. in 2017 indicated that there is no difference between the [Focal cortical dysplasia](#) groups, suggesting that outcome depends mainly on the histological findings and not on timing of surgery ¹⁾.

In 2004 Fauser et al. concluded that patients with FCD type 1 and mild malformations of cortical development (mMCD) had a better outcome compared with those with more severe forms of cortical dysplasia. A higher incidence of FCD type 1 in temporal localization did not allow the effects of histological subtype and localization to be separated. A subanalysis of extratemporal FCDs, however, revealed a similar tendency for a better outcome with FCD type 1, suggesting that the histological subtype itself seems to be at least a relevant cofactor influencing postsurgical outcome ²⁾.

Kral et al. in 2007 stated that surgical treatment of epilepsy with FCD is not only successful in the short term but also has a satisfying long term outcome which remains constant after 3 years of follow-up but is not associated with better employment status or improvement in daily living ³⁾.

In 2004 Cohen-Gadol et al. concluded that focal cortical dysplasias are a distinct subgroup of malformations of cortical development and have a favorable outcome after resection. The epileptogenic zone often extends beyond the abnormality found on neuroimaging. Resection of the epileptogenic zone guided by histopathologically proven clear margins is associated with an improved seizure outcome ⁴⁾.

Kral et al. in 2003 concluded that circumscribed [lesionectomy](#) of focal dysplastic [lesions](#) provides [seizure](#) relief in patients with chronic drug resistant [temporal lobe epilepsy](#) and extratemporal epilepsy. There was a trend for the best seizure outcome to be in patients with early presurgical evaluation and early surgery, and in whom lesions were identified on the preoperative MRI studies ⁵⁾.

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