

Focal cortical dysplasia treatment

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A leading cause of surgically remediable, drug-resistant [focal epilepsy](#) is [focal cortical dysplasia](#) (FCD).

Proof of a specific effect of [antiepileptic drugs](#) (AEDs) in [Focal cortical dysplasia](#) (FCD) is lacking. Pathogenic mutations recently described in mammalian target of rapamycin (mTOR) genes in FCD have yielded important insights into novel treatment options with [mTOR inhibitors](#), which might represent an example of personalized treatment of epilepsy based on the known mechanisms of disease. The [ketogenic diet](#) (KD) has been demonstrated to be particularly effective in children with epilepsy caused by structural abnormalities, especially FCD. It attenuates epigenetic chromatin modifications, a master regulator for gene expression and functional adaptation of the cell, thereby modifying disease progression. This could imply the lasting benefit of dietary manipulation. [Neurostimulation](#) techniques have produced variable clinical outcomes in FCD. In widespread dysplasias, [vagus nerve stimulation](#) (VNS) has achieved responder rates >50%; however, the efficacy of noninvasive cranial nerve stimulation modalities such as transcutaneous VNS (tVNS) and noninvasive (nVNS) requires further study ¹⁾.

Surgery

[Focal cortical dysplasia surgery](#).

Non-invasive treatment

Experiments conducted with mammals detailing rapamycin gene mutations in FCD have produced vital information for exploring treatment options using mTOR inhibitors. Of note is the importance of KD in children with FCD. This diet has been shown to modify disease progression by attenuating chromatin modification, a master regulator for gene expression and functional adaptation of the cell. FCD has also been studied widely with neurostimulation techniques. The outcomes of these techniques have been found to be variable. For widespread dysplasias, VNS has been shown to produce responder rates of >50%. Nevertheless, non-invasive cranial nerve stimulation techniques such as transcutaneous VNS and non-invasive VNS are gaining better patient compatibility, albeit

their efficacy remains to be established ²⁾.

Outcome

MR-negative and positive FCD patients had a comparable surgical prognosis, suggesting that comprehensive presurgical evaluations, including multimodal neuroimaging studies, are crucial for obtaining excellent surgical outcomes even in epilepsy patients with MR-negative FCD ³⁾.

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³⁾

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