

Hemispherotomy for Hemimegalencephaly

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[Hemispherotomy](#) is an effective treatment option for patients with [Hemimegalencephaly](#) and drug-resistant epilepsy. Surgical outcome may be variable among different surgical series, and the long-term neuropsychological trajectory has been rarely defined using a standardized neurocognitive test. We report the epileptological and neuropsychological long-term outcomes of four consecutive HME patients, operated on before the age of three years. All patients were seizure-free and drug-free, and the minimum follow-up duration was of five years. Despite the excellent post-surgical seizure outcome, the long-term developmental outcome is quite variable between patients, ranging from mild to severe intellectual disabilities. Patients showed improvement mainly in communication skills, while visuo-perceptive and coordination abilities were more impaired. Epileptological outcome seems to be improved in early treated patients; however, neuropsychological outcome in HME patients may be highly variable despite early surgery ¹⁾.

¹⁾

Pepi C, De Benedictis A, Rossi-Espagnet MC, Cappelletti S, Da Rold M, Falcicchio G, Vigeveno F, Marras CE, Specchio N, De Palma L. Hemispherotomy in Infants with Hemimegalencephaly: Long-Term Seizure and Developmental Outcome in Early Treated Patients. Brain Sci. 2022 Dec 30;13(1):73. doi: 10.3390/brainsci13010073. PMID: 36672056; PMCID: PMC9856354.

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