

Incidental low-grade glioma (ILGG)

de Oliveira et al. report a prospective series of 21 patients with ILGG who underwent [awake surgery](#) with a minimum follow-up of 20 months following resection. Data regarding clinicoradiological features, surgical procedures, and outcomes were collected and analyzed. In particular, the eventual occurrence and type of seizures in the intra- and postoperative periods were studied, as follows: early (< 3 months) and long-term (until last follow-up) periods.

There were no intraoperative seizures in this series. During the early postoperative period, the authors observed only a single episode of [partial seizures](#) in a patient with no [antiepileptic drug](#) (AED) prophylaxis—all other patients were given antiepileptic treatment following resection. The AEDs were discontinued in all cases, with a mean delay of 8 months after surgery (range 3-24 months). No patient had permanent neurological deficits. All 21 patients returned to an active familial, social, and professional life (working full time in all cases). Total or even “supratotal” resection (the latter meaning that a margin around the tumor visible on [FLAIR-weighted MRI](#) was removed) was achieved in 14 cases (67%). In 7 patients (33%) subtotal resection was performed, with a mean residual tumor volume of 1.5 ml (range 1-7 ml). No oncological treatment was administered in the postsurgical period. The mean follow-up after surgery was 49 months (range 20-181 months). Only 2 patients had seizures during the long-term follow-up. Indeed, due to tumor progression after incomplete resection, seizures occurred in 2 cases, 39 and 78 months postsurgery, leading to administration of AEDs and adjuvant treatment. So far, all patients are still alive and enjoy a normal life.

The risk of inducing seizures is very low in ILGG, and it does not represent an argument against early surgery. These data strongly support the proposal of a screening policy for LGG that will evolve toward a preventive treatment in a more systematic manner ¹⁾.

¹⁾

de Oliveira Lima GL, Duffau H. Is there a risk of seizures in “preventive” awake surgery for incidental diffuse low-grade gliomas? J Neurosurg. 2015 Jun;122(6):1397-405. doi: 10.3171/2014.9.JNS141396. Epub 2015 Feb 27. PubMed PMID: 25723301.

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