Based on level 2 evidence, RS is an efficacious treatment to control seizures in MTLE, possibly resulting in superior neuropsychological outcomes and quality of life metrics in selected subjects compared to microsurgery. RS has a better risk-benefit ratio for small hypothalamic hamartomas compared to surgical methods Delayed therapeutic effect resulting in ongoing seizures is associated with morbidity and mortality risk. Lack of level 1 evidence precludes the formation of guidelines at present [1)].

1)

McGonigal A, Sahgal A, De Salles A, Hayashi M, Levivier M, Ma L, Martinez R, Paddick I, Ryu S, Slotman BJ, Régis J. Radiosurgery for epilepsy: Systematic review and International Stereotactic Radiosurgery Society (ISRS) practice guideline. Epilepsy Res. 2017 Sep 19. pii: S0920-1211(17)30408-4. doi: 10.1016/j.eplepsyres.2017.08.016. [Epub ahead of print] Review. PubMed PMID: 28939289.