Pediatric epilepsy treatment

Surgical management of pediatric epilepsy is highly effective in selected patients with refractory epilepsy; however, an evidence-based protocol, including best methods of presurgical imaging assessments, and neurodevelopmental and/or behavioral health assessments, is not currently available for clinicians.

Surgical treatment of epilepsy can be critical to avoid negative outcomes in functional, cognitive, and behavioral health status. Furthermore, it is often the only method to achieve seizure freedom in refractory epilepsy. Although a large literature base can be found for adults with refractory epilepsy undergoing surgical treatment, less is known about how surgical management affects outcomes in children with epilepsy.

The purpose of a review was fourfold: (1) to evaluate the available literature regarding presurgical assessment and postsurgical outcomes in children with medically refractory epilepsy, (2) to identify gaps in our knowledge of surgical treatment and its outcomes in children with epilepsy, (3) to pose questions for further research, and (4) to advocate for a more unified presurgical evaluation protocol including earlier referral for surgical candidacy of pediatric patients with refractory epilepsy. Despite its effectiveness, epilepsy surgery remains an underutilized but evidence-based approach that could lead to positive short- and long-term outcomes for children with refractory epilepsy ¹⁾.

Vagus nerve stimulation for drug-resistant epilepsy in children

1)

Kellermann TS, Wagner JL, Smith G, Karia S, Eskandari R. Surgical Management of Pediatric Epilepsy: Decision-Making and Outcomes. Pediatr Neurol. 2016 Jul 5. pii: S0887-8994(15)30051-5. doi: 10.1016/j.pediatrneurol.2016.06.008. [Epub ahead of print] Review. PubMed PMID: 27568292.

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