

Pediatric Resective Epilepsy Surgery

Outcome

[Pediatric Resective Epilepsy Surgery Outcome.](#)

Case series

Parker et al. performed a [retrospective](#) analysis of 376 pediatric patients who underwent [resective epilepsy surgery](#) between 2007 and 2016 in [Stanford](#) using the Truven MarketScan database. Filled [Anticonvulsant](#) prescriptions during the pre-and [postoperative](#) periods were compared. [Univariate](#) and [multivariate](#) analyses identified factors associated with achieving stable discontinuation of or reduction in the number of [anticonvulsants](#). Health care utilization and costs were systematically compared.

One hundred seventy-one patients (45.5%) achieved a >90-day ASD-free period after surgery, and 84 (22.3%) additional patients achieved a stable reduction in the number of ASDs. Achieving ASD freedom was more common in patients undergoing total hemispherectomy ($n = 21$, $p = .002$), and less common in patients with tuberous sclerosis ($p = .003$). A higher number of preoperative ASDs was associated with a greater likelihood of achieving ASD reduction postoperatively (hazard ratio [HR]: 1.85, 95% confidence interval [CI]: 1.50-2.28), but was not associated with a significant difference in the likelihood of achieving ASD freedom (0.83, 95% CI: 0.49-1.39). Achieving an ASD-free period was associated with fewer hospital readmissions within the first year after surgery.

Patterns of [anticonvulsant](#) use and discontinuation after [pediatric epilepsy surgery](#) provide an unbiased surgical outcome endpoint extractable from administrative databases, where changes in seizure frequency are not captured. This [quantitative](#) measure can augment traditional surgical [outcome scales](#), incorporating a significant clinical parameter associated with improved [quality of life](#)

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Parker JJ, Zhang Y, Fatemi P, Halpern CH, Porter BE, Grant GA. Antiseizure medication use and medical resource utilization after resective [epilepsy surgery](#) in [children](#) in the [United States](#): A contemporary nationwide cross-sectional cohort analysis. *Epilepsia*. 2022 Feb 25. doi: 10.1111/epi.17180. Epub ahead of print. PMID: 35213744.

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