the lesion was confined to the lateral temporal region, we did lesionectomy alone. In patients with tumor TLE, in the absence of tumor invasion of the hippocampus and/or secondary hippocampal sclerosis, inclusion of mesial structures in the resection is unnecessary, as it has not been shown to improve seizure outcome.[3,8,10,37]

References


Invited Comments

Epilepsy today is an eminently treatable condition in nearly 70-80% patients. However, there is a small but significant 20-25% who continue to have seizures, in spite of appropriate and adequate antiepileptic drug therapy. Surgical treatment is a very good option for people with medically refractory temporal lobe epilepsy, which is gaining ground and being practiced worldwide. Though surgical results have been very encouraging we still need to fine-tune the selection criteria to improve the results further and ask the question why every patient is not benefited? As a corollary, maybe there is a need to identify the factors to reject the surgical option. MRI has greatly contributed to the selection of cases by de-
lineating structural abnormalities, largely hippocampal atrophy. It stands to reason that if a lesion is responsible for medically refractory temporal lobe epilepsy lesionectomy should give excellent results. This article focuses on a subtype of a structural temporal lobe lesion i.e. tumoral lesion. Seizure freedom was achieved in nearly 80% of the patients, one-third of them without antiepileptic drugs and 75% seizure reduction in 90% of the patients. If the tumor is involving the mesial temporal lobe structures, these too need to be resected. Incomplete tumor resection is an important cause for continued seizures in the postoperative period. It would have been worthwhile to have done postoperative MRI in all the cases (economically difficult proposition!) to know how many had residual tumor, but yet were free from seizures. From the clinical point of view the most important observation is the seizure-free period during the first postoperative year, which portends excellent long-term prognosis.

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