

EPILEPSY SURGERY SHOULD BE OFFERED EARLY EVEN TO PATIENTS WITH NON-LESIONAL MRI SCANS

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Epilepsy surgery is most effective when a structural lesion is excised. However, it is quite a leap in logic to suggest that patients with non-lesional MRI scans should not be given the same opportunity for surgical evaluation as patients with lesional MRI scans. Once epilepsy is refractory to medical therapy (a condition generally considered to exist once two or three appropriate antiepileptic drugs have failed), patients with non-lesional MRI scans are subject to the risks of uncontrolled epilepsy, including increased mortality, heightened rates of injury, cognitive impairments, psychiatric complications, and social disability and limitation. To prescribe ineffective therapy is detrimental to their health, particularly when another form of effective therapy might be offered. Moreover, many patients with non-lesional MRI scans are proven to have pathological abnormalities when brain tissue is examined under the microscope; cortical dysplasia and gliosis are not uncommon findings. Therefore, a non-lesional MRI scan does not exclude the diagnosis of a structural lesion. Lastly, patients with non-lesional MRI scans often respond favorably to surgical therapy; hence, it is inappropriate to deny effective therapy to many who might benefit. Therefore, all patients, even those with non-lesional MRI scans, should be considered for epilepsy surgery as soon as it becomes apparent that medical therapy is ineffective.