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Early Surgery for Refractory Epilepsy Improves Quality of Life

Patients with drug-resistant temporal lobe epilepsy may benefit from surgical intervention soon after failure of two antiepileptic drug (AED) trials, according to results of the Early Randomized Surgical Epilepsy Trial (ERSET).

Surgery is usually seen as a last resort, but researchers have concluded that earlier intervention could help epilepsy patients avoid decades of disability. The findings suggest that operating on patients in such circumstance is more effective in controlling seizures and improving quality of life than continued medical management of the condition.

"Despite reported success, surgery for pharmaco-resistant seizures is often seen as a last resort...Patients are typically referred for surgery after 20 years of seizures, often too late to avoid significant disability and premature death," report the research team.

Dr. Jerome Engel Jr. of David Geffen School of Medicine, University of California, Los Angeles led the team which released the report on March 7 in the Journal of the American Medical Association. ERSET was a controlled, parallel-group clinical trial performed at 16 epilepsy surgery centres in the United States. It included 18 males and 20 females aged 12 years and older with mesial temporal lobe epilepsy (MTLE) and disabling seizures for no more than two consecutive years after adequate trials of two AEDs.

The results of this study support the conclusions of the American Academy of Neurology practice parameter, namely that all patients with epilepsy should be referred to an epilepsy centre as soon as trials of two AEDs fail, and surgery should be performed if patients meet criteria for an anteromesial temporal resection (AMTR), note the authors. The research was supported by the National Institutes of Health.

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