

Introduction

Low grade tumors are a frequent cause of refractory epilepsy. The authors reviewed the outcome of patients with low grade tumors who underwent epilepsy surgery.

Methods

Retrospective analysis of the patients with a low-grade tumor who underwent epilepsy surgery in Centro Hospitalar de Lisboa Ocidental, from 2003 to 2017.

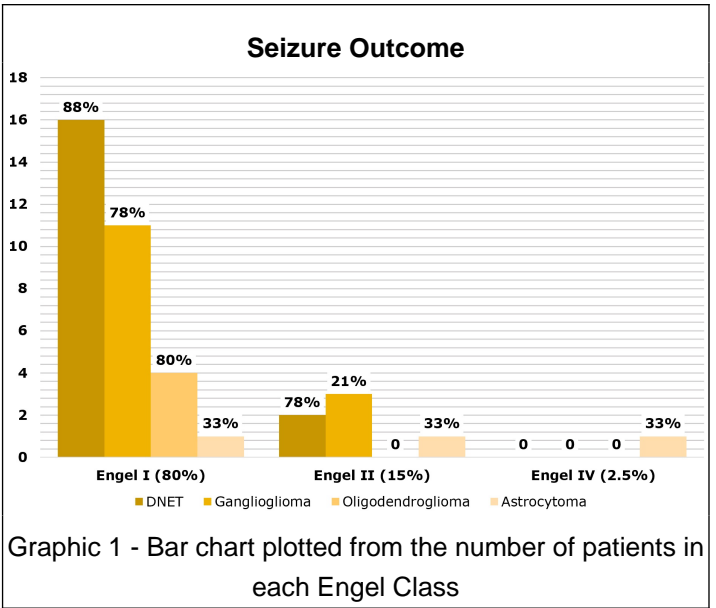
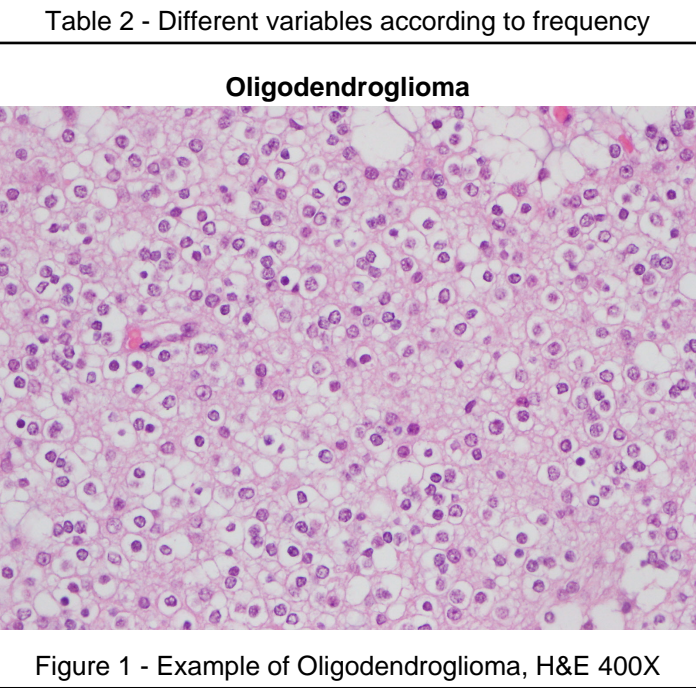
- The variables analyzed were:
- **The demographic data**
 - **Lesion location**
 - **Type of surgery**
 - **Histopathologic diagnose**
 - **Complications**
 - **Seizure outcome according to Engel classification.**

Results

Demographic data (n = 40)	
Age (median) ± SD	20 ± 14,9
Gender	
Female (%)	18 (45)
Male (%)	22 (55)
Mean follow up (months)	20

Table 1 - Demographic data from the 40 patients included in the series

Overview		
Lesion Location	n	(%)
Temporal	34	(85)
Frontal	4	(10)
Parietal	2	(5)
Surgery (Procedure)		
Lesionectomy	34	(85)
Anterior temporal lobectomy	6	(15)
Histopathology		
DNET	18	(45)
Ganglioglioma	14	(35)
Oligodendroglioma	5	(12,5)
Astrocytoma	3	(7,5)
Complications	4	(10)



Discussion

Other Series			
Series	n	Follow-up (months)	Engel Class I (%)
Englot DJ et al ¹ 2011	773	48	71%
Chang EF et al ² 2008	332	12	67%
	40	25	80%

Table 3 - Comparison with other previous series

Conclusions

In refractory epilepsy secondary to low grade tumors, surgery was effective in reducing seizure frequency, notably in patients with DNETs.

References

Englot DJ et al. Predictors of seizure freedom after resection of supratentorial low-grade gliomas. A review.- J Neurosurg. 2011 Aug;115(2):240-4

Chang EF et al. Seizure characteristics and control following resection in 332 patients with low-grade gliomas. - J Neurosurg. 2008 Feb;108(2):227-35