

Clinical evaluation of a novel approach to transtemporal amygdalohippocampectomy. Juan Antonio Castro Flores; Leonardo Welling PhD; Felipe Sanders; Manoel Teixeira; Eberval G. Figueiredo MD, PhD

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Introduction

Surgical resection of mesial temporal structures is usually necessary for the treatment of some focal epileptic syndrome, more commonly temporal mesial sclerosis. Our objective is to describe our clinical results of a novel operative technique for treatment of temporal epilepsy.

Methods

To describe a prospective caseseries of a single institution, performed by a single surgeon, from 2006 to 2012, a total of 120 patients were submitted to minimally invasive keyhole transtemporal amygdalohippocampectomy.



Patient's head positioned placing the zigomatic arch at the hightest point in the surgical field. Skin incision marker (5cm of extension)

Figure 2



Squamous temporal bone exposure after single plane dissection

Figure 3



The keyhole craniotomy (2cm of extension) is centered at hippocampal point



The middle temporal gyrus is exposed

Figure 5



A) The bone flap is reposicioned; B) The skin is closed with running sutures

Figure 6



Pos operative CT scan - minimally invasive approach

Results

55% of patients were male, 85% of patients had a right-sided disease. The first 70 surgeries had a mean surgical time of 2.51 hours, and the last 50 surgeries had a mean surgical time of 1.62 hours. There was 3.3% morbidity. There was 5% of mild temporal muscle atrophy. There wasn't visual field impairment. In the Engel Outcome Scale at 2-year follow-up, 71% were Class I, 21% Class II, 6% Class III.

Conclusions

This novel technique is feasible, reproducible and with a good to great clinical result.

Learning Objectives

To describe a novel technique for treatment of temporal epilepsy.

References

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