The Place of Surgery in Temporal Lobe Epilepsy in Childhood and Adolescence

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Abstract

A study of 30 children, 15 years of age or younger, who have been submitted to unilateral temporal lobectomy for untumorous epilepsy, will be given. Follow-ups range from 2 to 22 years. Mesial temporal sclerosis (Ammon's horn) plus amygdalar sclerosis has proved to be the most common pathological substrate, followed by hamartomas and other developmental anomalies. No specific pathology affecting neurons is found in about a quarter to a fifth of cases. The significance of these lesions will be discussed. In particular, mesial temporal sclerosis is an acquired lesion of anoxic origin and one that is most frequently secondary to severe febrile convulsions in infancy. It has also a genetic factor which is probably a tendency for the infant to have a convulsion once a fever arises from any cause. As in adults, the best results of surgery, both as regards seizure relief and improvement to social adaptation, occur whenever this lesion is disclosed at operation. So far the optimal age at which to submit children to operation with temporal lobe epilepsy has been between 10 and 12 years but our recent experiences suggest that the operation should be contemplated at an even earlier period of life.