

Epilepsy surgery for neuroglial tumors shows good long-term outcomes

June 17 2024, by Lori Solomon



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Patients with neuroglial tumors are ideal epilepsy surgical candidates, with good long-term outcomes observed, according to a study [published](#) in *Frontiers in Neurology*.

Attila Rácz, M.D., Ph.D., from the University Hospital Bonn in Germany, and colleagues evaluated long-term outcomes and potential influencing factors among 107 patients who underwent [surgery](#) for neuroglial tumors (2001 to 2020) at a single institution.

The researchers found that 75% of the [patients](#) who underwent surgery achieved complete freedom from [seizures](#) at 12 months and 56% achieved complete freedom from seizures at the last follow-up visit (70.4 months; median: 40 months).

For both 12-month follow-up outcomes and the longest available outcomes, completeness of resection was a crucial factor, while there was no consistent impact on postsurgical outcomes for lobar tumor localization, histology (ganglioglioma versus dysembryoplastic neuroepithelial tumor), history of bilateral tonic-clonic seizures prior to surgery, invasive diagnostics, side of surgery (dominant versus nondominant hemisphere), age at epilepsy onset, age at surgery, or epilepsy duration. Patients who underwent lesionectomy and lesionectomy with hippocampal resection showed similar outcomes.

"Neuroglial tumors present as excellent surgical substrates in treating structural epilepsy," the authors write. "To achieve an optimal postsurgical outcome, a complete lesion resection should be pursued whenever possible."

More information: Attila Rácz et al, Long-term seizure outcome after epilepsy surgery of neuroglial tumors, *Frontiers in Neurology* (2024). [DOI: 10.3389/fneur.2024.1384494](https://doi.org/10.3389/fneur.2024.1384494)

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Citation: Epilepsy surgery for neuroglial tumors shows good long-term outcomes (2024, June 17)

retrieved 26 June 2024 from <https://medicalxpress.com/news/2024-06-epilepsy-surgery-neuroglial-tumors-good.html>

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