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Title

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Permalink

https://escholarship.org/uc/item/2023d9fh

Journal

Epilepsia, 55(3)

ISSN

0013-9580

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Publication Date

2014-03-01

DOI

10.1111/epi.12529

Peer reviewed



In response to commentary on cavernomarelated epilepsy: Review and recommendations for management— Report of the surgical task force of the ILAE commission on therapeutic strategies

To the Editors:

We thank Dr. Giulioni and colleagues for their interest in our recommendations for the management of cavernoma-related epilepsy and their comments regarding invasive and noninvasive evaluation of these patients. We agree with Dr. Giulioni that unnecessary invasive evaluation should be avoided whenever possible in order to minimize the risk of complications. Invasive evaluation is not recommended as a general rule in our review, but should be limited to certain specific situations mentioned in our recommendations such as discordant results in noninvasive video-EEG monitoring (VEM) or epileptogenic cavernomas close to eloquent cortex.² In these cases, invasive evaluation including mapping of adjacent cortex can be useful to define the localization and extent of the epileptogenic zone and can provide information that helps to resect as much epileptogenic tissue as possible while avoiding eloquent areas. In addition, invasive VEM might be considered in situations where patients could not be rendered seizure free after resection of the cavernoma. In any case, invasive evaluation should certainly be considered only after noninvasive methods have been exploited. We also agree with Dr. Giulioni and colleagues that for some associated pathologies detection by magnetic resonance imaging (MRI) is a challenge, which emphasizes the need for more advanced MRI techniques and stronger field strengths as well as histopathologic evaluation.

DISCLOSURE

None of the authors has any conflict of interest to disclose that are relevant to this manuscript. We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

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ANNOUNCEMENTS

31st International Epilepsy Congress

6-10 September, 2015; Istanbul.

Upcoming Regional Congresses

2nd African Epilepsy Congress

22–24 May, 2014; Capetown, South Africa. <u>www.epi-lepsycapetown2014.org</u>.

11th European Congress on Epileptology

29 June–3 July, 2014 in Stockholm, Sweden. http://www.epilepsystockholm2014.org/.

10th Asian & Oceanian Epilepsy Congress

7–10 August; Singapore. http://www.epilepsysingapore-2014.org/.

8th Latin American Congress on Epilepsy (8th LACE)

17–20 September, 2014, Buenos Aires, Argentina. Website: http://www.epilepsycongress.org/8o-congreso-

latinoamericano-de-epilepsia-8th-latin-american-epilepsy-congress/.

Upcoming Chapter Congresses

4th NARCCE (North American Regional Caribbean Conference on Epilepsy)

22–24 May, 2014. Bay Gardens Resorts, St. Lucia. Congress Website: www.epilepsycaribbean.org/narcce-2014.html.

Canadian League Against Epilepsy (CLAE) Biennial Meeting

17–19 October, 2014 in London, Ontario, Canada. More information available soon.

Other Congresses

Third Annual "Shark Tank" Competition; Invites Entries for Innovative, New Products for People with Epilepsy

March 14, 2014 - Deadline for submitting a letter of intent

\$200,000 to be awarded at 2014 Epilepsy Pipeline Conference in San Francisco. Epilepsy Foundation is pleased to announce a call for entries for the third annual epilepsy "Shark Tank" competition and is accepting submissions that represent the most innovative ideas in epilepsy and seizure treatment and care. The selected finalists will receive international recognition and compete for grants totaling \$200,000 to support the development and commercialization of important new products, technologies or therapeutic concepts.

Contact person Kim Marcher: Kim@epilepsytherapy-project.org http://www.epilepsy.com/etp/aedtrialxii/shark-tank/how-to-apply

30th International Congress of Clinical Neurophysiology (ICCN) & 58th Annual Meeting of the German Society for Clinical Neurophysiology and Functional Imaging (DGKN) 2014

19–23 March, 2014 at Estrel Hotel & Convention Center Berlin, Germany. www.iccn2014.de.