Review article

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Epilepsy after cerebral infection: review of the literature and the potential for surgery

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Epilepsy after cerebral infection: the potential for surgery

- The risk of unprovoked seizures in cerebral infection survivors is 7-8% in developed countries, rising to considerably higher rates in resource-poor countries.
- The main risk factors for epilepsy after cerebral infection, besides acute seizures, include infection-associated brain lesions and status epilepticus in the acute phase.
- 10% of patients with epilepsy after cerebral infection develop drug-resistance.
- Despite the high prevalence of drug-resistance, especially in patients with MRI-identifiable lesions, epilepsy after cerebral infection represents a small minority in epilepsy surgery series.
- Excellent surgical candidates are patients with a history of meningitis or encephalitis in early childhood, MRI-findings suggestive of hippocampal sclerosis, seizure semiology, and EEG-findings compatible with the diagnosis of mesial temporal lobe epilepsy syndrome.

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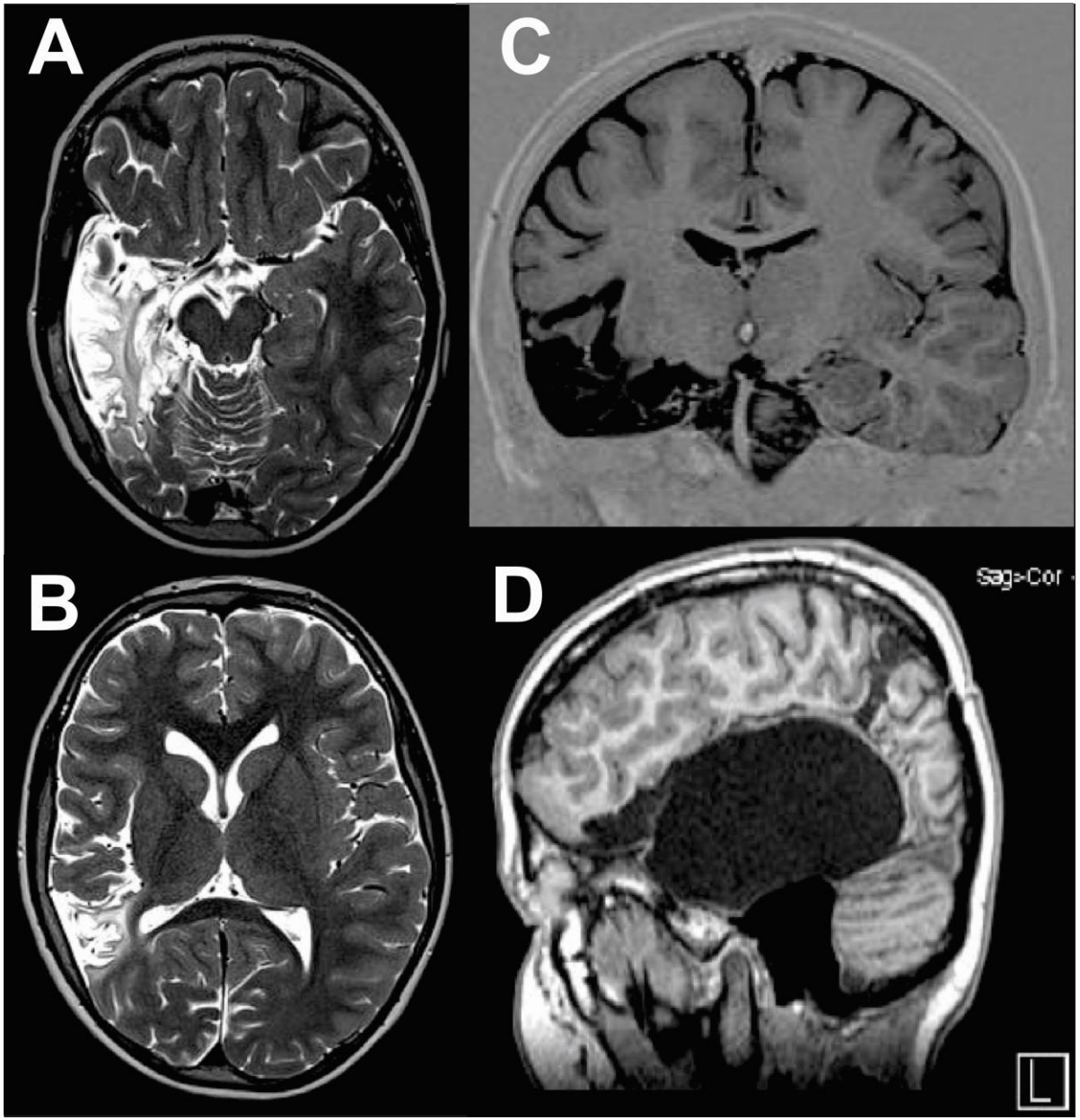

Neuroradiological findings of a patient with refractory epilepsy following herpes-simplex-virus (HSV) encephalitis before (A, B) and after (C, D) epilepsy surgery.

The patient achieved seizure freedom after a right temporal resection with posterior disconnection and a circumscribed basal frontal resection.

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