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Burden of epilepsy in Africa: Can surgical management lighten it? Preliminary experience from Morocco

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Introduction: Epilepsy affects at least 50 million people in the world, of which 10 million live in Africa alone. Among drug-resistant epilepsy (DRE) patients, 50% can benefit from surgical treatment.

Material & Methods: A retrospective analysis of 82 consecutive operated patients was done. All patients underwent clinical assessment, brain MRI, interictal EEG, video EEG and neuropsychological tests. Surgery was decided on the basis of a multidisciplinary approach.

Results: There were 43 females and 39 males. The mean age was 25.4 years [6-54 years]. Patients were symptomatic from 3 months to 41 years before surgery. Epilepsy initiated from the mesiotemporal lobe in the majority of cases (78 representing 95%). There were only 4 cases of extratemporal (frontal) epilepsy. From the surgical aspect, 90% of patients benefited from temporal lobectomy (74 cases). 4% (3 cases) from temporal lesionectomy, and 5% (4 cases) from frontal lesionectomy. Histological examination revealed 54% (44 cases) of hippocampic sclerosis, 23% (19 cases) of DNET (dysembryoplastic neuroepithelial tumor), 7% (6 cases) were benign gliomas, 7% (6 cases) had cortical dysplasia, 5% (4 cases) ganglioglioma, and 1 case of cavernoma (1.5%). Postoperatively, follow up showed no mortality but complications in 4 cases, all successfully treated (5%): 1 extradural hematoma which has been evacuated, 1 osteitis treated with bone flap removal and antibiotics, 1 meningitis and 1 depression, both successfully treated. At a mean follow up of 53 months [3-112 months], we had good results with Engel 1 class in 88% of patients.

Conclusion: Epilepsy is a real burden in Africa and in the world. Epilepsy surgery is highly cost-effective and can help a lot of patients in our areas.

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