



SALÃO DE INICIAÇÃO CIENTÍFICA XXVIII SIC

paz no plural



Evento	Salão UFRGS 2016: SIC - XXVIII SALÃO DE INICIAÇÃO CIENTÍFICA DA UFRGS
Ano	2016
Local	Campus do Vale - UFRGS
Título	Evaluating the Online Tool to Determine Appropriateness for an Epilepsy Surgery Evaluation
Autor	EDUARDO DE CARVALHO MAZZOCATO
Orientador	MARINO MUXFELDT BIANCHIN

Evaluating the Online Tool to Determine Appropriateness for an Epilepsy Surgery Evaluation

Eduardo de Carvalho Mazzocato¹; Marino Muxfeldt Bianchin²

¹Bolsista de Iniciação Científica; ²Orientador.

Universidade Federal do Rio Grande do Sul

Introduction: Many patients with pharmacological resistant epilepsy could benefit from epilepsy surgery. However, there is a significant delay of assist physicians in identifying patients with refractory epilepsy who might benefit from an epilepsy surgery evaluation. Considering this, Jette et al. (Neurology® 2012;79:1084–1093) developed and implemented an online tool to determine appropriateness for epilepsy surgery evaluation. This tool still needs validation in different scenarios.

Methods: In this study we evaluate this online tool to determine appropriateness of epilepsy surgery evaluation in our epilepsy program. This work was conducted at outpatient epilepsy clinic of Hospital de Clinicas de Porto Alegre (HCPA), Brazil. In this clinic we care about 1.000 patients with epilepsy, many of them with drug refractory epilepsy. We use of the Online Tool to Determine Appropriateness for an Epilepsy Surgery Evaluation in a cohort of 99 patients with focal epilepsy, selected from our epilepsy outpatient clinic in order to evaluate its use in our scenario.

Results: These are preliminary results. At the moment we evaluated 99 patients, 51 (51.5%) women and 48 (48.5%) men, with mean age of 43.5 years. Eight six patients (86.8%) presented focal seizures with impaired consciousness. Thirty-one patients (31.3%) had disabling seizures. Seventy (70.7%) patients were using two or more antiepileptic drugs. Eighty two (82.8%) patient showed abnormal electroencephalography (EEG) and 52 (52.5%) showed abnormal neuroimaging with focal lesions. All patients included in this study were in our program for one year or longer. Using the online classification tool, 55 (55.6%) patients were classified as patients that were not in need to be referred for epilepsy surgery evaluation, 10 (10.1%) patients should be considered for an epilepsy surgery evaluation and 34 (34.3%) patients had clear indication for surgical evaluation. When evaluated together, the variable more important for indication a patient for epilepsy surgery evaluation was pharmacological refractoriness. No patients using only one antiepileptic drug were candidates for epilepsy surgery evaluation.

Conclusion: According to existing medical literature, one third of patients with epilepsy show poor response to pharmacological treatment with antiepileptic drugs. These patients need to be promptly identified, and programs to grant access to these patients to epilepsy surgery need to be improved. The Online Tool to Determine Appropriateness for an Epilepsy Surgery Evaluation is useful for referring patients for epilepsy surgery evaluation. The program adequately selected those patients that showed pharmacological refractoriness for two or more antiepileptic drugs. We believe that the use of this methodology will optimize epilepsy surgery referral and could eventually be used at a national level to improve public healthcare and to offer better treatment for this group of patients.