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Nota di contenuto	Epilepsy Surgery Evaluation -- Dominant, lesional mesial temporal lobe epilepsy -- Non-dominant, Lesional Mesial Temporal Lobe Epilepsy -- Non-dominant, Non-lesional Mesial Temporal Epilepsy -- Dominant, Lesional Temporal Pole Epilepsy -- Non-dominant, Lesional Neocortical Temporal Lobe Epilepsy -- Dominant, Lesional Post-Traumatic Temporal Lobe Epilepsy -- Non-dominant Tumor-related Temporal Lobe Epilepsy -- Non-dominant Temporal Lobe Epilepsy due to Dual Pathology -- Non-dominant, Lesional Frontal Lobe Epilepsy Involving the Prefrontal Cortex -- Non-dominant Lesional Parieto-occipital Epilepsy -- Rasmussen's Encephalitis and Focal Cortical Dysplasia -- Non-dominant, Non-lesional insular epilepsy -- Hypothalamic Hamartoma -- .Non-dominant, Lesional Frontal Lobe Epilepsy Masquerading as Generalized Epilepsy -- Non-dominant Lesional Temporal Lobe Epilepsy -- Non-dominant Lesional Frontal and Temporal Lobe Epilepsy -- Multifocal Epilepsy and Non-dominant Cingulate Lesion -- Multifocal Epilepsy and Non-dominant Cingulate

Lesion -- Non-dominant, Lesional Frontal Lobe Epilepsy Overlapping with Motor Cortex -- Multifocal Epilepsy due to New Onset Refractory Status Epilepticus -- Dominant and Lesional Pediatric-Onset Hemispheric Epilepsy -- Non-dominant, Non-lesional Orbitofrontal-plus Epilepsy -- Non-dominant and Non-lesional Temporal-Plus Epilepsy -- Non-dominant, Lesional, Posterior Quadrant Epilepsy -- Non-dominant, Lesional Hemispheric epilepsy -- Dominant Non-lesional Frontal and Parietal Lobes Epilepsy -- Dominant Lesional Congenital Hemispheric Epilepsy -- Dominant Mesial Temporal Lobe Epilepsy due to Hippocampal Sclerosis -- Dominant Tumor-Related Mesial Temporal Lobe Epilepsy -- Dominant Lesional Posterior Quadrant Epilepsy -- Non-lesional Bilateral Mesial Temporal Lobe Epilepsy -- Bilateral Lesional Epilepsy -- Dominant Lesional Temporal Lobe Epilepsy -- Non-lesional Lennox-Gastaut Syndrome -- Multifocal, Non-lesional Epilepsy -- Acquired Lesional Lennox-Gastaut Syndrome -- Future Perspectives.

Sommario/riassunto

This collection of epilepsy surgical cases illustrates patients with straightforward and challenging pharmacoresistant epilepsy. These cases convey the advancements, investigative strategies, past and modern surgical tools, and sophisticated state-of-the-art of epilepsy surgery and its disciplines. This textbook is organized into four major sections that parallel the contemporary FDA-approved and clinically applicable approaches: resective surgery, disconnection procedures, laser therapy, and neuromodulation. The chapters provide a case-based, interactive, and multidisciplinary integrative approach to pre-operative evaluation, data analysis, and surgical decision-making. In addition, we present alternative approaches to certain diagnostic tools, decision-making strategies, and surgical interventions. This textbook will provide trainees and clinicians with an exhaustive understanding of epilepsy surgery. Moreover, it will be an invaluable resource for preparation for the epilepsy board examination.
