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Leading Article

Deep Brain Stimulation for the Treatment of Epilepsy

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Epilepsy is a chronic neurological disorder that is associated with significant rates of morbidity and mortality if seizures are uncontrolled. Despite the introduction of many new antiepileptic drugs, >30% of patients remain refractory to medical therapy [1]. Although some of these patients might have seizures that are amenable to epilepsy surgery, many are not candidates for surgical resection. Vagus nerve stimulation (VNS) can be considered in these patients. However, only 30–40% of patients with partial seizures report a response to VNS, which is nearly always palliative [2]. Alternative therapies need to be explored in

brain stimulation (DBS) independent of ictal events. Conversely, closed loop stimulation, also known as responsive cortical stimulation, involves direct cortical stimulation in response to epileptiform activity, ideally preventing the development of a seizure. It involves the use of a neurostimulator, which continuously detects and monitors electrographic activity through depth and cortical strip electrodes and delivers programmable electrical stimulation in response to a detected electrographic seizure [4]. This brain stimulation can modulate either cortical or subcortical activity and thereby achieve a therapeutic effect. In patients with

3 Article is published in journal.

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Deep Brain Stimulation for the Treatment of Epilepsy

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Abstract: The article discusses the findings of research studies on deep brain stimulation (DBS) as treatment for epilepsy. Existing literature are said to be replete with significant improvements on the use of DBS to treat epilepsy in uncontrolled cases; however, major questions remain as to which epilepsy syndromes and which seizures can benefit from it. It suggests further DBS controlled trials to validate whether DBS can become a valued treatment for epilepsy.
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