

MRI showing signal changes in midbrain with no features of infarct. Considering the possibility of demyelination Visual evoked potentials was done which was not suggestive of it. Patient had spontaneous improvement in 1 week after a short course of steroids. The probable explanation for transient internuclear ophthalmoplegia may be due to vasospasm of perforators supplying pons and caudal mesencephalon which is a possibility if pia is breached during posterior dissection of hippocampus or injury to any small vessel which was not noticeable during the surgery.

We should be aware of such complication for better counselling and prognostication.

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### Demographics of epilepsy and antiepileptic drugs utilization in India: Results of an observational study



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**Objective:** To understand demographic profile and treatment modalities and co-morbidities in patients with epilepsy.

**Material and methods:** A cross-sectional, observational, non-interventional study was conducted among adult Indian patients with epilepsy. Demographic information, epilepsy type, seizure control, seizure freedom with current therapy, comorbid conditions and usage pattern of antiepileptic agents (AED) according to age group and gender were recorded. Safety was assessed by recording adverse drug reactions.

**Results:** The study included 973 patients (females 38.7%) with mean age of 35.6 years. Only 3.56% patients were not educated while 45.31% patients were employed. Only 1.2% patients had history of brain injury. The mean frequency of seizures during previous six months was 24.0 ( $\pm 4.12$ ) while the mean duration of epilepsy was 5.8 ( $\pm 5.78$ ) years. EEG was the most common (59.7%) investigation modality. A total of 109 (11.2%) patients had comorbid medical illness among which hypertension was seen in 29.36% patients. Levetiracetam was used in 583 (59.9%) patients while valproate, clobazam, and phenytoin were used in 16.3%, 14.8% and 13.6% patients respectively. Effectiveness and safety/tolerability profile were two most important considerations for selecting AED. A total of 924 (95.00%) had seizure control with during previous six months while mean seizure free interval was 7.1 ( $\pm 4.09$ ) months. Levetiracetam was used in 34.92%, 45.73% and 61.11% patients and valproate in 15.16%, 10.85% and 4.55% patients in the age group of 18–30, 31–50 and 51–75 years respectively. Levetiracetam was used in 57.72% and 63.40% while valproate was used in 18.96% and 11.67% male and female patients respectively. Adverse event rate was only 0.1%.

**Conclusion:** Epilepsy is common in adult patients. Hypertension is the most common comorbidity. Levetiracetam is the most commonly used AED across all studied age groups and in both genders. Control of epilepsy with current treatment is satisfactory with no major adverse events.

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### Global Campaign against Epilepsy – The present international action



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The presentation describes two great events in the field of prevention and control of epilepsy internationally, i.e. the Global Campaign against Epilepsy (GCAE) in 1996 and the WHA68.20 Resolution approved by the 68th World Health Assembly (WHA) in 2015.

During the last two decades, the GCAE has successfully implemented in several low- and middle-income countries. A number of cases of good practice are showed and those made the motivation and basis for a WHO resolution specially for epilepsy passed through by the 68th WHA recently.

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### Seizure outcome following primary motor cortex-sparing resective surgery for perirolandic focal cortical dysplasia



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**Objectives:** We present a case series of patients who underwent perirolandic resection for medically refractory focal epilepsy and histological evidence of focal cortical dysplasia. Our aim was to specifically evaluate the outcome of a surgical strategy intended for seizure freedom while preserving primary motor cortex function.

**Materials and methods:** Thirteen patients undergoing perirolandic resections for pharmacoresistant focal epilepsy between 2010 and 2015 who demonstrated histological evidence of focal cortical dysplasia were selected from a prospectively maintained database. Presurgical evaluation included video EEG telemetry and 3T MRI brain for all patients. Eight patients underwent interictal FDG PET scan. Intracranial EEG monitoring was done for 8 patients, six by conventional subdural grids and depths and two by SEEG technique. Additional techniques included extraoperative cortical stimulation mapping, intraoperative electrocorticography (ECoG), intraoperative motor cortex mapping and awake surgery in various combinations. In all cases (lesional and nonlesional), resection was intentionally limited for anatomic preservation of the primary motor cortex.