

Review of: "Surgical treatment of Temporal Lobe Epilepsy: comparative results of selective amygdalohippocampectomy versus anterior temporal lobectomy from a referral center in Brazil"

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Potential competing interests: The links to the studies in this short review are published peer reviewed work that I have authored.

This was an interesting study comparing SAH and ATL. The write up requires work, specifically to address the following:

1. What proportions were of ATLs were right sided, 100%? What proportions of SAHs were left sided, 100%?
2. What were the standard deviations or interquartile ranges of the ages between the two groups (missing from table 2)
3. Title and all references need to change from TLE to hippocampal sclerosis (HS), as this study only looked at a subset of individuals with mesial temporal lobe epilepsy who had concordant MRI and video-EEG findings that fit with HS. We know that concordant video-EEG (EEG and semiology) and MRI finding of HS are highly suggestive of mTLE (<https://www.frontiersin.org/articles/10.3389/fdgth.2021.559103/full>) and improve postsurgical outcomes (<https://jnnp.bmj.com/content/93/5/499>). Their study participants were therefore only a subset of patients with TLE.
4. The SAH surgical approach should be further split into transsylvian and transcortical, either in the main analysis or as a subgroup. There is evidence that the transsylvian approach may yield better results than the transcortical approach and comparable to ATL, in this recent meta analysis (<https://pubmed.ncbi.nlm.nih.gov/34956057>).
5. The statistical analyses need to be clearly described. What was analysed using ANOVA?
6. Why were seizures during the first 30 days postoperatively excluded from analysis? Acute postoperative seizures are a poor prognostic indicator of epilepsy surgery (<https://jnnp.bmj.com/content/93/5/499>).
7. Why were ILAE outcomes 1 through 3 considered a good outcome, when ILAE 3 includes "1 to 3 seizure days per year; ± auras". Clearly this is not seizure free. Table 2 needs ILAE 1 or at a min ILAE 1 to 2 (instead of 1 through 3).
8. Some parts of the results and discussion are better in the methods e.g. "events in the first 30 days after surgery were not considered" should not be under Results.

Look forward to seeing an updated analysis and manuscript