

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 author(s) declared that no potential competing interests exist.

The authors compared postoperative seizure outcomes concerning the surgical technique performed (Anterior temporal lobectomy (ATL) vs. Selective amygdalohippocampectomy (SAH)), and they identified the superiority of ATL over SAH in seizure outcomes.

It is quite intuitive that larger resection (ATL) led to better seizure outcome compared to smaller resection (SAH).

Nonetheless, the methodology and the results of the paper are very informative.

I totally agree that ATL may be the best option in countries with limited resources.

In mesial temporal lobe epilepsy with hippocampal sclerosis, the extent of epileptogenicity or that of epileptogenic network is variable among patients. Therefore, as the authors stated in the conclusion, whether to perform ATL or SAH surgical procedure should be decided individual basis considering all presurgical data.