

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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I thought that this paper was quite well written and that its contents would be easily followed by a reader. There were a few spelling inconsistencies, particularly in relation to the term 'Kaplan-Meier', with on one occasion reference being made to 'Kaplan Meyer **mortality** curves' in living persons.

The stated purpose of the paper was to compare the outcomes of two surgical techniques for treating drug therapy refractory epilepsy. These techniques, by deliberate and clinically appropriate choice (on the basis of currently available information) have been applied to persons with temporal lobe epilepsy. However, one surgical technique has been applied exclusively to epilepsy originating in one hemisphere, and the other technique applied exclusively to epilepsy originating in the opposite hemisphere. The data analysis has shown statistically significant differences between the outcomes in so far as subsequent epilepsy control is concerned, and the authors have favoured ascribing these differences to the different surgical techniques employed. However, it would be equally possible, and with some justification, to ascribe the differences to inherent differences in the behaviours of the drug treatment refractory epilepsy originating in the different cerebral hemispheres, with the surgical approaches not necessarily contributing to the outcome differences shown. The authors seem aware of this limitation in their study design, but do not seem to acknowledge that it confounds the interpretation of their findings.

Although complications of the surgery have been described, there has been no attempt to relate these to the different operations employed, and there is no mention of antiseizure medication during the follow-up months and whether the potential adequacy of this may have influenced the outcomes analysed.