

Review of: "Epilepsy surgery in tuberous sclerosis: An overview of neurosurgical concerns in a low-income country"

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

Major issues

#1. What is HREEG?

#2. What is the difference between seizure recording and long-term video EEG?

#3. Engel classification is not used any more.

#4. Tuberous sclerosis in title should be tuberous sclerosis complex. Running head as well.

#5. "A growing body of evidence indicates that early seizure control may have an adverse effect on cognitive development and social adjustment of patients with Tuberous sclerosis complex".

Please cite the evidence.

#6. Since there are some mistakes, please use a professional proofreader.

#7. "Neurosurgical treatment of subependymal giant cell astrocytomas in tuberous sclerosis complex: a series of 44 surgical procedures in 31 patients. Child's nervous system : ChNS : official journal of the International Society for Pediatric Neurosurgery, 36(5), 951–960" may insist on neurosurgical option. Conversely, "BMC Neurol. 2021 Mar 31;21(1):139. doi: 10.1186/s12883-021-02160-5" says mTOR inhibitor treatment. Since EXSIST studies proves mTOR use. I do not think the surgical strategy is only one option for SEGA.

#8. Obstructive hydrocephalus is not only the mechanism. Please see the above shown paper BMC Neurol. 2021 Mar 31;21(1):139. doi: 10.1186/s12883-021-02160-5

#9. Since Study design, Methodology is not shown, in addition to these facts, the numbers of patients are too small, the authors must declare that this is a case-series report and showing the outcome of surgical treatment without statistical analysis.

#10. In Title, the authors say treatment in low-income country. However, from Introduction to results, nothing was stated about this issue.

#11. If the authors want to make TSC treatment relate to low-income countries, how about to comment interdisciplinary decision making and management citing these papers; doi: 10.1038/s41598-018-35168-y. and doi: 10.1186/s13023-019-1072-y. Without costly modalities, even patients with TSC in a low-income country, interdisciplinary discussion may decide surgical strategies.

Minor issues

#1. Please see Instruction for authors. All abbreviations even in Abstract should have full words at first use.

#2. AED is not used any more. Anti-seizure medication is trend.

#3. SGCA is strange. Generally, SEGA.

#4. Healthy individual with TSC is strange. I have never seen healthy patients with TSC.

#5. Inconsistent use of abbreviations.

My recommendation is “Major revision” .