

Review of: "Approaching to the Medicolegal Issues of Temporal Lobe Epilepsy: A Narrative Review"

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Potential competing interests: No potential competing interests to declare.

1. Medico-legal aspects of temporal lobe lesions have been a known and controversial topic since ages. I would like to congratulate the authors on trying to write a review article.

However, certain points need to be addressed to increase the impact of the article.

Introduction - para no. 3 → ILAE classification is known for its update in the classification of epilepsy. I would like to encourage the author to mention the particular ILAE classification used, and it would be preferable to use the latest classification available in the literature.

In the same paragraph, seizure has been classified as primary and secondary, which terms are confusing. Seizure onset zone and secondary area spread can be taken into consideration.

Paragraph 4 of the introduction - the neuroimaging technique needs to be addressed with the full form.

Deep EEG electrodes need to be written in proper scientific terms.

In the various etiologies given for TLE, infectious causes need to be specified as to which type of CNS infections.

The diverse array of psychoses is of three types as narrated by the author; there is a need to mention pre-ictal psychosis.

Introduction needs to be rewritten considering many more articles.

In the para of temporal lobe and risk of SUDEP,

Firstly, the definition of SUDEP, prevalence, risk factors, and possible mechanisms explained need to be discussed.

SUDEP in relation to TLE needs to be secondly addressed.

The para talking about TLE in the courtroom needs to address the prevalence of epilepsy among prisoners or epilepsy and violence, for which many studies have been done.

The role of neuroimaging in this context needs to be discussed.

The discussion of long-term potentiation and long-term depression in the conclusion seems inappropriate.

TLE can be both underdiagnosed and overdiagnosed because PNES or irrational behaviors lead us to first suspect TLE,

for which video EEG and MRI help.

The entire article needs multiple corrections; the flow of information in the introduction and conclusion is not in a readable fashion. Some terms are not scientific, while some terms are difficult to understand. Syntax formation and grammar issues need to be assessed.

The author may resubmit after major corrections.