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.

In this paper, the authors describe a series of patients with refractory epilepsy associated with tuberous sclerosis complex (TSC) which were submitted to epilepsy surgery. The presurgical evaluation included a brain MRI, 10-20 system long term video-EEG monitoring and neuropsychological evaluation; and a follow up evaluation which included a control MRI at 3 months, and neuropsychological testing at 6, 12 and 24 months after surgery.

The main message of this paper is that, even with limited resourced, epilepsy surgery can be offered to TSC patient with refractory epilepsy, leading to seizure control in a substantial number of patients.

In spite of this very relevant message, several issues should be addressed:

TERMINOLOGY

1. please use the actual terminology, both regarding drug treatment (antiepileptic drugs- AED» antiseizure medication-ASM) and seizure terminology (Fisher et al, Epilepsia 2017)

INTRODUCTION

2. the introduction is too long, it should be focused in refractory epilepsy and TSC. The information regarding TSC should be deleted or moved to the discussion section.

METHODS

3. How many patients with refractory epilepsy associated with TSC were evaluated at your center during the inclusion period? why were these 10 patients selected for surgery?

4. 10-20 EEG is not a high resolution EEG, please correct

5. what were the neuropsychological tests used in such small children? please describe.

RESULTS AND DISCUSSION

6. table 1 summarizes the results but several very relevant findings are missed: background EEG activity (normal for age? hypsharytmic?...), ictal EEG (concordant with the interictal?); time of follow-up and Engel classification for each patient. Those data are specially relevant since they are mentioned in the discussion section.

7. Did the patient which were seizure free have better neuropsychological outcomes than the patients in which that didn't happen?

8. Please compare the seizure-free rates of your series with other series, and comment the reasons for your lower seizure-free rates

9. A comment about the limitations of your work would be useful (small case series, retrospective, limited resources for presurgical evaluation...)