

(Abstract)\*. Dissertation. São Paulo, 1995. CARMEN LISA JORGE\*\*

Forty-two patients with mesial temporal lobe epilepsy were selected, all of them presenting clinically intractable epileptic seizures, unilateral epileptiform discharges and mesial temporal sclerosis demonstrated by magnetic resonance image and/or anatomo-pathological examination. Etiological and clinical aspects were analysed.

Convulsion in childhood was the main etiological factor (73.8%); febrile seizures occurred in 42.9%, most of them complicated (prolonged, lateralized and/or recurrent). Other etiological factors, such as perinatal brain injury (23.8%) and head trauma (7.1%) also occurred. Four patients were not etiological factor related.

Age ranged from neonatal period to nine years (average 1.7 years), predominantly under three years (92.1%). Family history of epilepsy in first-degree relatives was present in 35.7%.

After etiological factor occurrence, there was a seizure-free period in all patients, ranging from 0.6 to 27 years, most frequently from 0.6 to 10 years (68.4%). After a seizure-free period, epilepsy was mainly characterized by simple partial seizures with vegetative phenomena and complex partial seizures; in the latter, the most important signs for lateralization were contralateral dystonic posturing or ictal paresis (65.2% of 23 patients in video-electroencephalographic studies). Although tonic-clonic generalized seizures were present in 59.5%, they occurred mainly in the early onset and were rare (less than one per year in all patients but one). Epileptic status did not occur in any patient, after temporal lobe epilepsy was established.

Physical examination revealed blurring of contralateral nasogenian sulcus in spontaneous smile in 23.8%. Neuropsychological examination revealed memory impairment in all patients.

Anteromedial temporal lobe resection was done in 20 patients and all of them were clinically controlled with antiepileptic drugs; this fact confirms the proper localization of the epileptogenic area.

Hippocampal anatomo-pathological studies in 13 patients revealed non-uniform lesion distribution, impairing mainly Sommer sector in six patients, dentate gyrus hillum in three and both in four patients.

Literature data were reviewed, covering anatomical, pathophysiological and clinical aspects; comparing data with this casuistics, no significant differences were found.

KEY WORDS: epilepsy, temporal lobe, mesial temporal lobe sclerosis epilepsy.

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