


The Impact of Pediatric Epilepsy Surgery on Cognition



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Every child deserves a healthy start, a strong mind, and a bright future.

Quality of Life in Pediatric Epilepsy (Arunkumar et al., 2000)

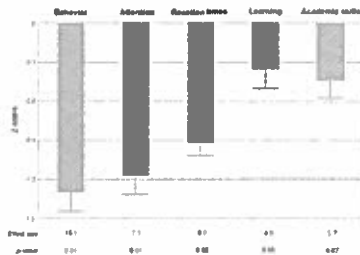
Parents	Children
<ul style="list-style-type: none"> AED side effects Cognitive effects Future Injury Independence Brain damage Dependence + others 	<ul style="list-style-type: none"> Social problems Cognitive effects Driving Sports restrictions AED side effects School Dependence + others

Epilepsy: Prevalence of Cognitive Comorbidities

- Intelligence
 - Intellectual disability - 25-40%
 - Mild or subtle intellectual deficits - 30%
- Learning disabilities / Academic problems
 - 70% - low achievement
 - 40% - underachievement
- Attention
 - 30% ADHD
- Executive functions
 - 30%

Can we put all the blame on seizures?

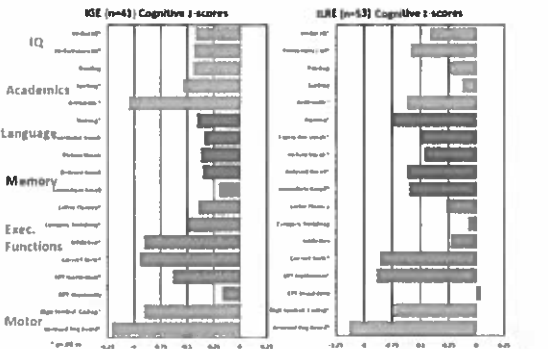
New Onset Idiopathic Epilepsy: Prior to Medication Treatment



Category	Prevalence (%)
Behavior	15%
Attention	7%
Executive skills	8%
Learning	2%
Academic skills	7%

Dostrum et al., 2003

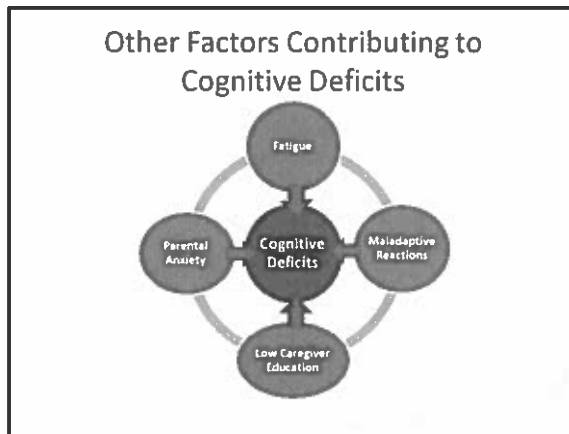
Cognitive Performance by Epilepsy Syndrome



IQE (n=43) Cognitive z-scores

IRE (n=53) Cognitive z-scores

Jackson et al., 2013



Does a treatment intended to eliminate seizures result in improved cognition?

• Epilepsy Surgery

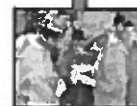
30% of people with epilepsy are medically intractable

Of these, approximately 1/3 are surgical candidates

Disentangling the contributing epilepsy factors from preexisting and ongoing neurodevelopmental processes



Pohlmann-Eden et al., 2015



Arguments for early surgery

- The cognitive and psychosocial sequelae of epilepsy may not be as entrenched in childhood as they would be later in life, and earlier intervention is a form of prevention.
- Seizures interfere with brain functioning and their elimination will increase the likelihood of achieving optimal cognitive and psychological attainments.
- The capacity for plasticity in the young brain will allow for restitution or reorganization to support further development.
- Change in cognition after epilepsy surgery in children ??

Possible outcomes of epilepsy surgery with respect to cognition

- Improvement in performance
 - Elimination/reduction of seizures
 - Ongoing development
- No change
- Decline in performance
 - Removal of functional brain tissue
 - Ongoing development

Evaluating the outcome of surgery

- Has surgery altered the course of development as it would have unfolded had the child continued to have seizures?
- Importance of comparison groups

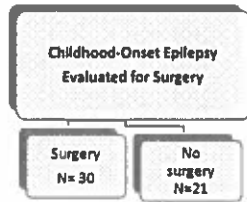
Impact of Epilepsy Surgery:

- Comorbidities studied in our research program:
 - Cognitive ←
 - Emotional
 - Behavioural
 - Social
 - Quality of Life



Pediatric surgical patients – prospective, longitudinal study

- Surgery < 18 years
- Comparison group evaluated for surgery < 18 years
- Follow-up at 1 and 2 years



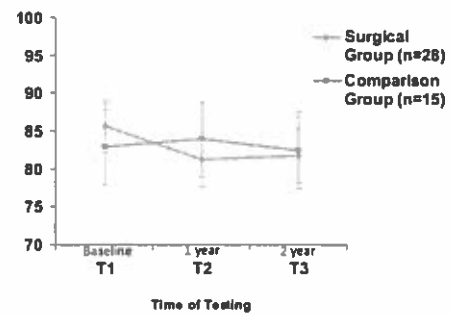
Longitudinal Study: Cognitive Measures Outcomes 1 & 2 years after surgery

- Intelligence
 - Academic Skills
 - Reading
 - Reading Comprehension
 - Spelling
 - Arithmetic
- Verbal Memory
 - Stories
 - Word Lists
- Visual Memory
 - Faces
 - Design
- Sustained Visual Attention
 - Without
 - With distraction

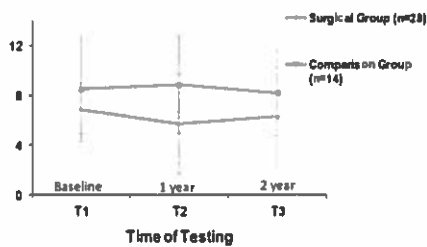
Analyses and Results

- ANOVAs were conducted with the following independent variables:
 - Group (Surgical, Non-surgical)
 - Time (Baseline, 1 and 2 years later)
- Most common finding was a Time Effect
- No Group x Time Interactions to suggest a specific effect within the surgical group
- 3 major patterns in the data

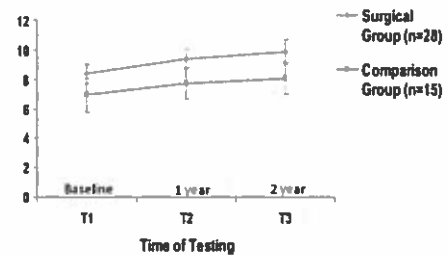
Intelligence over Time

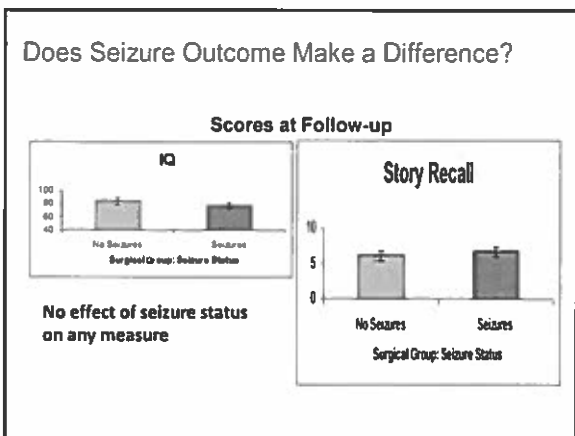
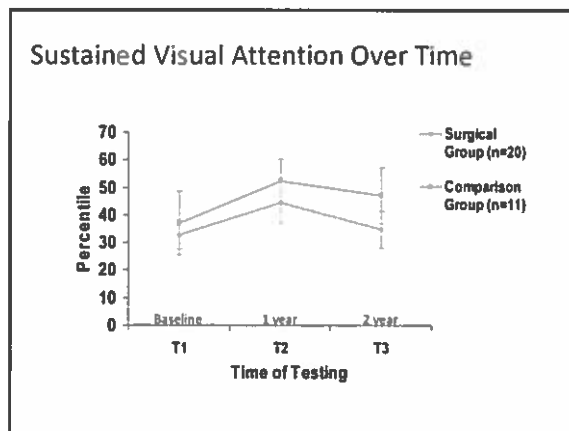
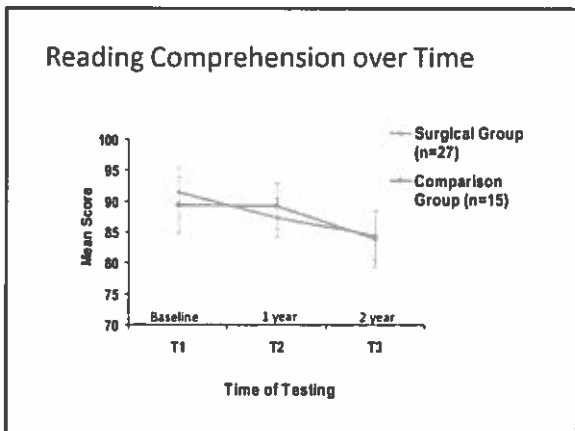


Story Recall over Time



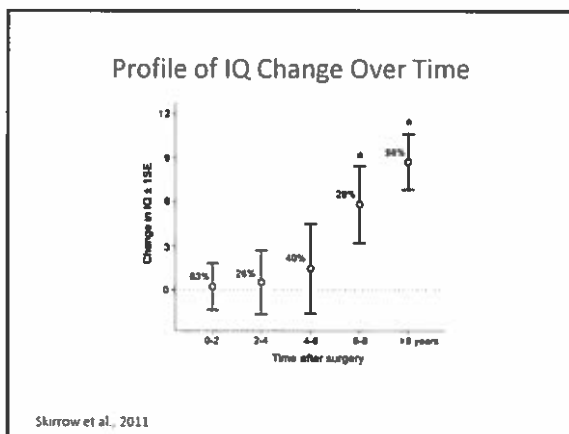
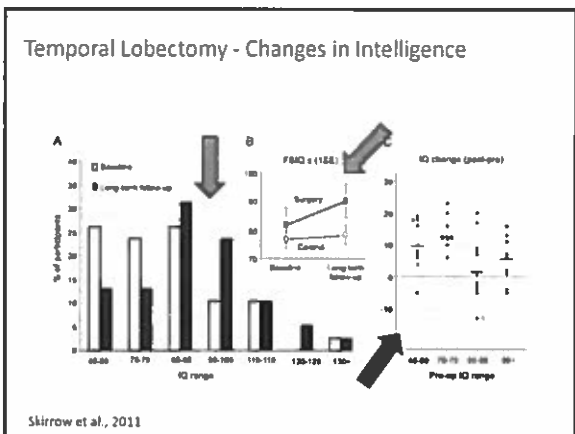
Face Recognition over Time





Summary

- No impact of seizure cessation
- Other factors that may contribute to cognitive comorbidities are not changed by surgery
- Co-morbidities are present at baseline
- Role of the underlying abnormal neural substrate
- BUT: Do we need more time?
Later rather than sooner?



Pediatric surgical patients – long-term follow-up

- Surgery < 18 years
- Comparison group evaluated for surgery < 18 years
- Follow-up of 4-11 years
- Surgical and control Ss had baseline data
 - Longitudinal analyses

**Childhood-Onset Epilepsy
Evaluated for Surgery**

Surgery
N=73

No surgery
N=40

Seizures in last year
N=22

No seizures in last year
N=41

Seizures in last year
N=24

No seizures in last year
N=16

Surgical and Non-Surgical Groups

Heterogenous – Site of Surgical Resection – Pathology

- Age (baseline, follow-up)
- Age at seizure onset
- Sex
- Laterality of focus
- Cognition at baseline
- Focality of seizures
- # AEDs at follow-up (related to seizure outcome)

No differences

Differences

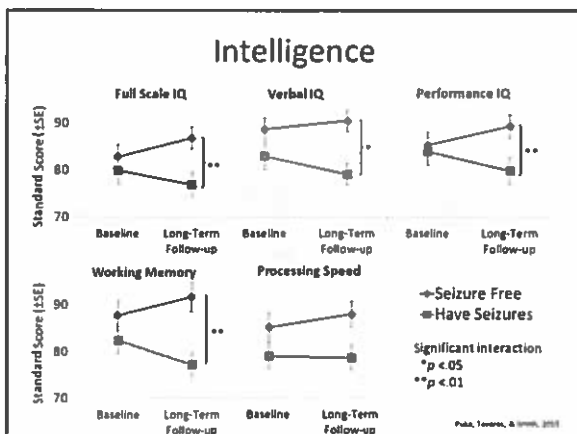
Participants

	Surgicals	Controls	P value
N	73	40	
Sex (Male, %)	41.09	32.50	0.37
Age at baseline (SD)	12.13 (4.31)	12.82 (3.23)	0.34
Age at follow-up (SD)	19.87 (4.46)	20.31 (4.01)	0.60
Duration of follow-up (SD)	7.67 (2.35)	7.35 (2.25)	0.48
Seizure free (%)	56.16	40	0.10
Temporal lobe (%)	43.84	30	0.15

Long-Term Follow Up

Intelligence and Memory

No effect of surgical status

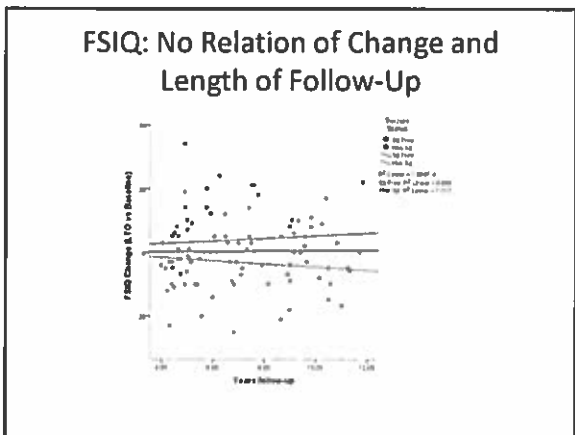
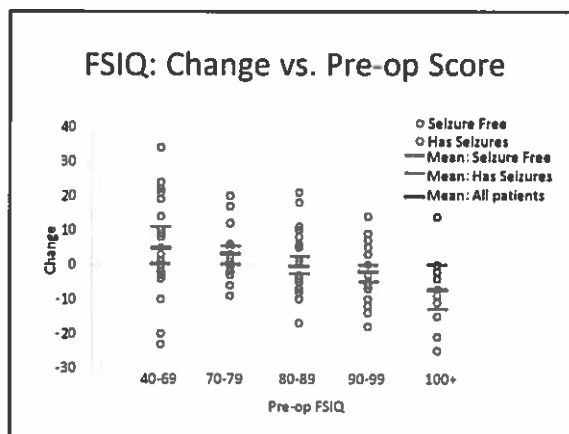
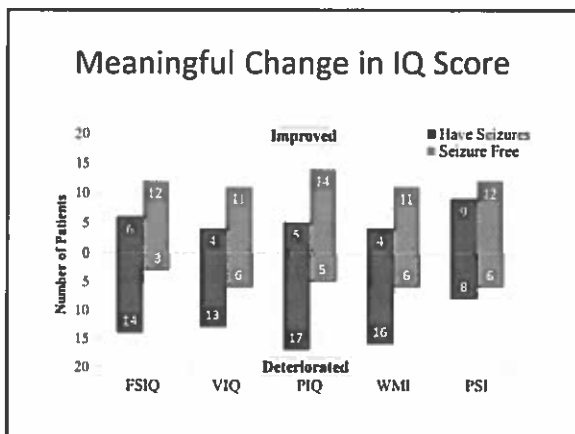


Predictors of Change

Lower scores at baseline → improvements in all indices

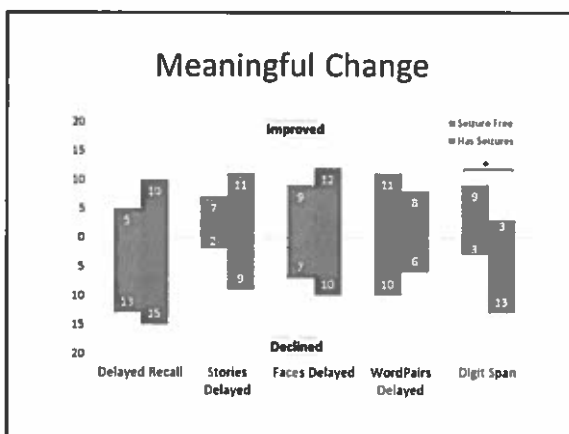
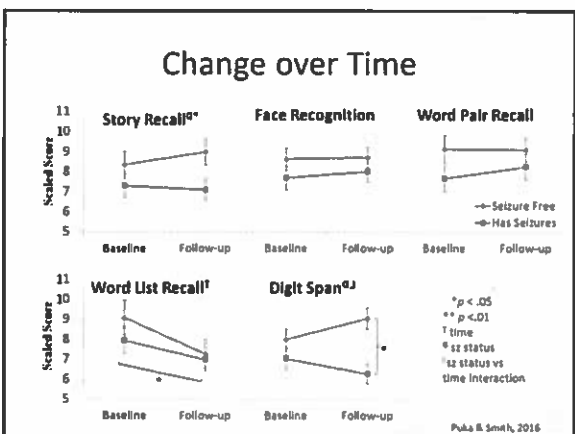
Temporal lobe resections → improvement in Processing Speed

Older age at follow-up → improvement in Performance IQ



Memory

- Story Recall
 - Word List Learning / Recall
 - Paired Associate Learning / Recall
- Face Recognition
- Digit Span

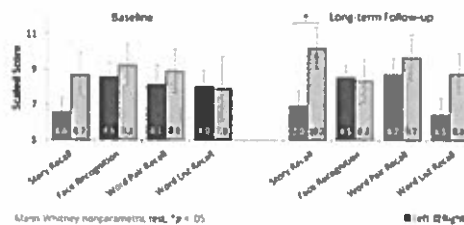


Predictors of Change

Lower baseline scores → greater improvement on all tasks

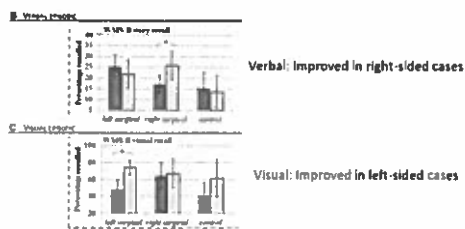
Older age at surgery → greater improvement in story recall

Long-term Outcome After Epilepsy Surgery Temporal Lobe Resections



Puka & Smith, 2016

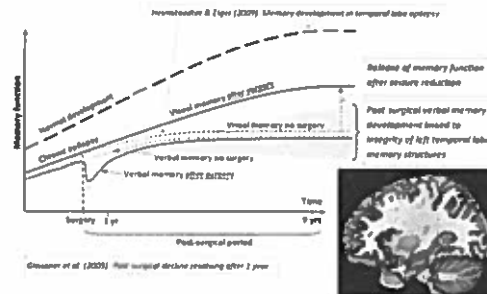
Long-term outcome of memory after temporal lobectomy



Blair et al. Brain 2010; 133: 86-93



A diagrammatic overview of memory change before and after left temporal lobe surgery in children



Blair et al. Brain 2010; 133: 86-93



Summary

- No effects of surgery
- Minimal number of effects related to seizure outcome
- Require closer examination of brain structure
- There may be subgroups of children who show improvements - site, laterality

Disentangling the contributing epilepsy factors from preexisting and ongoing neurodevelopmental processes

