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Selective amygdalohypocampectomy is one of the main approaches for treating mesial temporal lobe epilepsy. We herewith describe nine cases of amygdala lesions which were treated by selective amygdalectomy with hippocampus saving procedure. Also, we explain trans-middle temporal gyrus trans-ventricular approach for selective amygdalectomy. We performed selective amygdalectomy with hippocampal saving procedure. we preferred trans middle temporal gyrus transventricular approach. We adopted pterional craniotomy with extensive exposure of base and posterior of the temporal lobe. Posterior margin of resection in intraventricular part of amygdala was considered inferior choroidal point. medially anterior part of the uncus was resected until reaching to ambient cistern. Transcortical transventricular approach was applied for selective amygdalectomy in all patients. nine pure amygdala lesions was surgically treated from March 2012 to July 2018. Seven of the patients had neoplastic lesions and in two of them gliosis was detected. Total resection of lesion was achieved in all cases based on the post-operative MRI. No remarkable complication and surgically-related new neurological deficit occurred. We consider that resection of only this part during selective amygdalohypocampectomy may be enough for disconnection of amygdala circuitry and control the seizure and accordingly reduce time of surgery and complications.