04_CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO DETERMINATO, DELLA DURATA DI CINQUE ANNI PER N. 1 POSTO DI RICERCATORE SANITARIO, CAT. D, LIVELLO D SUPER DA ASSEGNARE ALLA UOC NEUROLOGIA 7 – EPILETTOLOGIA CLINICA E SPERIMENTALE

PROVA 1

1. come si pianifica e si realizza una registrazione di monitoraggio videoEEG in un modello animale di epilessia?

2. Quali di questi sono sistemi operativi:

    a.   Windows e Linux

    b.   Word ed Excel

    c.   Windows e PowerPoint

3. Leggere e tradurre il testo sul retro

The natural history and prognosis of epilepsy

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ABSTRACT – Epilepsy is a brain condition characterized by the recurrence of unprovoked seizures. Generally, prognosis refers to the probability of attaining seizure freedom on treatment and little is known about the natural history of the untreated condition. Here, we summarize aspects of the prognosis and prognostic predictors of treated and untreated epilepsy and of its different syndromes. Usually, epilepsy is a fairly benign condition. Most epilepsies have a good prognosis for full seizure control and eventual discontinuation of AEDs, but epilepsy syndromes have differing outcomes and responses to treatment. Prognostic factors include aetiology, EEG abnormalities, type of seizures and the number of seizures experienced before treatment onset, and poor early effects of drugs. Early response to treatment is an important positive predictor of long-term prognosis, while the history of a high number of seizures at the time of diagnosis, intellectual disability, and symptomatic aetiology are negative predictors. Different prognostic patterns can be identified, suggesting that the epileptogenic process is not static. Epilepsy carries a greater than expected risk of premature death. Aetiology is the single most important risk factor for premature death.

Key words: epilepsy, prognosis, epidemiology, prognostic predictor, mortality, treatment

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Epilepsy is a chronic condition characterized by the recurrence of unprovoked seizures. The International League against Epilepsy (ILAE) recently defined epilepsy based on at least one of the following conditions: (1) at least two unprovoked (or reflex) seizures occurring more than 24 hours apart; (2) one unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next ten years; (3) diagnosis of an epilepsy syndrome (Fisher *et al.*, 2014).

As the majority of people diagnosed with epilepsy receive treatment, prognosis generally refers to the probability of attaining seizure freedom on treatment. Little is known about the natural history of the

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PROVA 2

1. come si pianifica e si realizza un esperimento di immunoistochimica?

2. A cosa serve il programma Microsoft Excel?

      a. A realizzare fogli elettronici per analisi di dati

      b. A realizzare presentazioni

      c. A gestire spool di stampa

3. Leggere e tradurre il testo sul retro

The surgical treatment of epilepsy

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Abstract

In 2009, the Commission for Epilepsy Surgery of the Italian League Against Epilepsy (LICE) conducted an overview about the techniques used for the pre-surgical evaluation and the surgical treatment of epilepsies. The recognition that, in selected cases, surgery can be considered the first-line approach, suggested that the experience gained by the main Italian referral centers should be pooled in order to provide a handy source of reference. In light of the progress made over these past years, some parts of that first report have accordingly been updated. The present revision aims to harmonize the general principles regulating the patient selection and the pre-surgical work-up, as well as to expand the use of epilepsy surgery, that still represents an underutilized resource, regrettably. The objective of this contribution is drawing up a methodological framework within which to integrate the experiences of each group in this complex and dynamic sector of the neurosciences.

Keywords Epilepsy surgery · Drug-resistant · Surgically remediable syndrome · Pre-surgical evaluation · Palliative surgery · Neuromodulation

Introduction

In 2013, the Commission for Epilepsy Surgery of the Italian League Against Epilepsy (LICE) published its overview about both the techniques of the pre-surgical evaluation and the surgical treatments of epilepsies [1].

The progress made since then has prompted us to update some parts of that original work.

The present revision aims to harmonize the general principles of pre-surgical work-up and to promote the use of epilepsy surgery, which is still an underutilized resource [2].

On behalf of Italian League Against Epilepsy, Commission for Epilepsy Surgery and Italian Neurological Society, Epilepsy Study Group

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PROVA 3

1. modelli animali di epilessia focale

2. Quale tra i seguenti non è un programma di posta elettronica?

      a.   Microsoft Access

      b.   Microsoft Outlook

      c.   Opera Mail

3. Leggere e tradurre il testo sul retro

FULL-LENGTH ORIGINAL RESEARCH

Epilepsia

Clinical features of sleep-related hypermotor epilepsy in relation to the seizure-onset zone: A review of 135 surgically treated cases

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Summary

Objectives: Sleep-related hypermotor epilepsy (SHE), formerly nocturnal frontal lobe epilepsy, is characterized by abrupt and typically sleep-related seizures with motor patterns of variable complexity and duration. They seizures arise more frequently in the frontal lobe than in the extrafrontal regions but identifying the seizure onset-zone (SOZ) may be challenging. In this study, we aimed to describe the clinical features of both frontal and extrafrontal SHE, focusing on ictal semiologic patterns in order to increase diagnostic accuracy.

Methods: We retrospectively analyzed the clinical features of patients with drug-resistant SHE seen in our center for epilepsy surgery. Patients were divided into frontal and extrafrontal SHE (temporal, operculoinsular, and posterior SHE). We classified seizure semiology according to four semiology patterns (SPs): elementary motor signs (SP1), unnatural hypermotor movements (SP2), integrated hypermotor movements (SP3), and gestural behaviors with high emotional content (SP4). Early nonmotor manifestations were also assessed.

Results: Our case series consisted of 91 frontal SHE and 44 extrafrontal SHE cases. Frontal and extrafrontal SHE shared many features such as young age at onset, high seizure-frequency rate, high rate of scalp electroencephalography (EEG) and magnetic resonance imaging (MRI) abnormalities, similar histopathologic substrates, and good postsurgical outcome. Within the frontal lobe, SPs were organized in a posteroanterior gradient (SP1-4) with respect to the SOZ. In temporal SHE, SP1 was rare and SP3-4 frequent, whereas in operculoinsular and posterior SHE, SP4 was absent. Nonmotor manifestations were frequent (70%) and some could provide valuable localizing information.

Significance: Our study shows that the presence of certain SP and nonmotor manifestations may provide helpful information to localize seizure onset in patients with SHE.

KEYWORDS
aura, focal cortical dysplasia, hyperkinetic seizures, nocturnal frontal lobe epilepsy, semiology