

18_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. In una reazione immunoistochimica, qual è il ruolo svolto dal reagente acqua ossigenata:

- a) sviluppo di radicali liberi
- b) disinfezione della sezione di tessuto
- c) Quenching dei gruppi aldeidici introdotti dal fissativo
- d) disattivazione delle perossidasi endogene

2. Che differenza c'è tra hardware e software?

- a) L'hardware si riferisce al computer come macchina, il software si riferisce ai programmi
- b) Hardware e software designano rispettivamente computer difficili e facili da usare
- c) L'hardware è il corpo principale del computer, il software è costituito dai dischetti
- d) L'hardware è costituito dal sistema operativo, il software da tutti gli altri programmi

3. Leggere e tradurre il testo sul retro

mlh dg gh



The natural history and prognosis of epilepsy

Ettore Beghi¹, Giorgia Giussani¹, Josemir W. Sander²

¹ Laboratorio di Malattie Neurologiche, Dipartimento di Neuroscienze, IRCCS - Istituto di Ricerche Farmacologiche "Mario Negri", Milan, Italy

² NIHR University College London Hospitals Biomedical Research Centre, UCL Institute of Neurology, Queen Square, London WC1N 3BG, United Kingdom and SEIN - Stichting Epilepsie Instellingen Nederland, Heemstede, The Netherlands

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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

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

Correspondence:

Ettore Beghi
IRCCS-Istituto di Ricerche
Farmacologiche "Mario Negri",
Via G. La Masa 19,
20156 Milano, Italy
<ettore.beghi@marionegri.it>

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PROVA 2

1. Qual è la differenza tra colorazione istochimica ed immunoistochimica:

- a) il diverso colore della reazione
- b) il diverso tipo di reagenti utilizzati
- c) la diversa reazione chimica utilizzata
- d) una avviene con metodo diretto e l'altra con metodo indiretto

2. Quale di questi programmi è un foglio di calcolo:

- a) Word
- b) Adobe Photoshop
- c) Excel
- d) Powerpoint

3. Leggere e tradurre il testo sul retro

ma DG Jm



The surgical treatment of epilepsy

Alessandro Consales¹ · Sara Casciato² · Sofia Ascoli³ · Carmen Barba⁴ · Massimo Caulo⁵ · Gabriella Colicchio⁶ · Massimo Cossu⁷ · Luca de Palma⁸ · Alessandra Morano⁹ · Giampaolo Vatti¹⁰ · Flavio Villani¹¹ · Nelia Zamponi¹² · Laura Tassi⁷ · Giancarlo Di Gennaro² · Carlo Efsio Marras⁸

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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

Giancarlo Di Gennaro
gdigennaro@neuromed.it

¹ Division of Neurosurgery, IRCCS Giannina Gaslini Children's Hospital, Genoa, Italy

² Epilepsy Surgery Centre, IRCCS Neuromed, Via Atinense, 18, 86170 Pozzilli, IS, Italy

³ Department of Biomedical and Neuromotor Sciences, Section of Anatomic Pathology "M. Malpighi", Bellaria Hospital, Bologna, Italy

⁴ Neuroscience Department, Meyer Children's Hospital-University of Florence, Florence, Italy

⁵ Department of Neuroscience, Imaging and Clinical Sciences, "G. D'Annunzio" University, Chieti, Italy

⁶ Institute of Neurosurgery, Catholic University of Sacred Heart, Rome, Italy

⁷ "C. Munari" Epilepsy Surgery Center, Niguarda Hospital, Milan, Italy

⁸ Department of Neuroscience and Neurorehabilitation, Bambino Gesù Children Hospital, Rome, Italy

⁹ Department of Human Neurosciences, "Sapienza" University, Rome, Italy

¹⁰ Department of Neurological and Sensorial Sciences, University of Siena, Siena, Italy

¹¹ Division of Neurophysiology and Epilepsy Centre, IRCCS San Martino Policlinic Hospital, Genoa, Italy

¹² Child Neuropsychiatric Unit, University of Ancona, Ancona, Italy

GABRIELI NINA PROVA NON ESTIMATA

Gabrieli

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PROVA 3

1. Qual è il pannello anticorpale più appropriato, tra quelli proposti, per evidenziare un'alterazione strutturale del tessuto cerebrale:

- a) CD3-CD20-CD45
- b) NeuN-GFAP-SMI31
- c) nestina-vimentina-CD34
- d) Iba1-Ki67-PCNA





2. Quale di questi sono sistemi operativi:

- a) Windows e Linux
- b) Word ed Excel
- c) Windows e PowerPoint
- d) Word e PowerPoint

3. Leggere e tradurre il testo sul retro

Mull Dy H

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

Steve A. Gibbs^{1,2}  | Paola Proserpio¹ | Stefano Francione¹ | Roberto Mai¹ |
 Francesco Cardinale¹  | Ivana Sartori¹ | Laura Castana¹ | Giuseppe Plazzi^{3,4} |
 Paolo Tinuper^{3,4} | Massimo Cossu¹  | Giorgio Lo Russo¹ | Laura Tassi¹ |
 Lino Nobili^{1,5} 

¹Department of Neurosciences, Center for Epilepsy Surgery "C. Munari," Hospital Niguarda, Milan, Italy

²Department of Neurosciences, Center for Advanced Research in Sleep Medicine, Hôpital du Sacré-Cœur de Montréal, University of Montreal, Montreal, Quebec, Canada

³IRCCS Istituto delle Scienze Neurologiche, Bologna, Italy

⁴Department of Biomedical and Neuromotor Sciences (DIBINEM), University of Bologna, Bologna, Italy

⁵Child Neuropsychiatry Unit, IRCCS G. Gaslini Institute, DINOEMI-Department of Neurosciences, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, University of Genoa, Genova, Italy

Correspondence

Child Neuropsychiatry Unit, IRCCS G. Gaslini Institute, DINOEMI-Department of Neurosciences, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, University of Genoa, Genova, Italy.
 Email: lino.nobili@unige.it

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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 posterior-anterior 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