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Commentary

Gary W. Mathern, M.D.

Department of Neurosurgery, David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, CA 90095 USA

SUN-D-08-00669R2 “Psychiatric Symptoms Changes after
Corticoamygdalohippocampectomy in Medial Temporal Lobe Epilepsy Patients through
Symptom Check-list 90 Revised”

Guangming et al. present a study where they administered the Symptom Check-list 90 Revised (SCL-90-R) to temporal lobe epilepsy patients undergoing corticoamygdalohippocampectomy (CAH). The SCL-90-R was filled out pre-surgery, and 1 and 2 years post-CAH. The authors found that there were improved scores only for patients that were seizure free (Engel Class I) 1 and 2 years after surgery. Patients that were Engel II-IV were not improved, nor were there differences pre- and post-CAH based on gender, side removed, or presence of MRI lesion.

These findings support the notion that clinical symptoms associated with psychiatric disorders can be improved with CAH for temporal lobe epilepsy if the patient becomes seizure free. It is important to note, however, that this study found an association between surgery and SCL-90-R findings and nothing more. The findings should not imply “cause and effect” as the authors claim. Other variables linked with successful epilepsy surgery, such as reduced anti-seizure medications and increased socialization among peers, might contribute to improved symptoms and checklist scores. Also, changes in SCL-90-R scores are not a substitute for a careful clinical assessment for specific diagnoses by a qualified psychiatrist. Hence, the results of this study should not be interpreted as evidence that patients are having less psychiatric disease after surgery.

Furthermore, it should be noted that while there were improvements pre- and post-CAH in SCL-90-R scores, the group data after surgery was still higher (i.e. more symptoms) than the general Chinese population. Thus, surgery patients after temporal lobe surgery still had more symptoms than normal people.

Despite these caveats, the study is well designed, adequately described and powered, and contributes to our increasing data set that indicates that seizure free is the most important outcome for patients undergoing epilepsy surgery for temporal lobe epilepsy.