

Transauricular and then invasive successful Vagus Nerve Stimulation treatment in drug resistant epilepsy: a case-report

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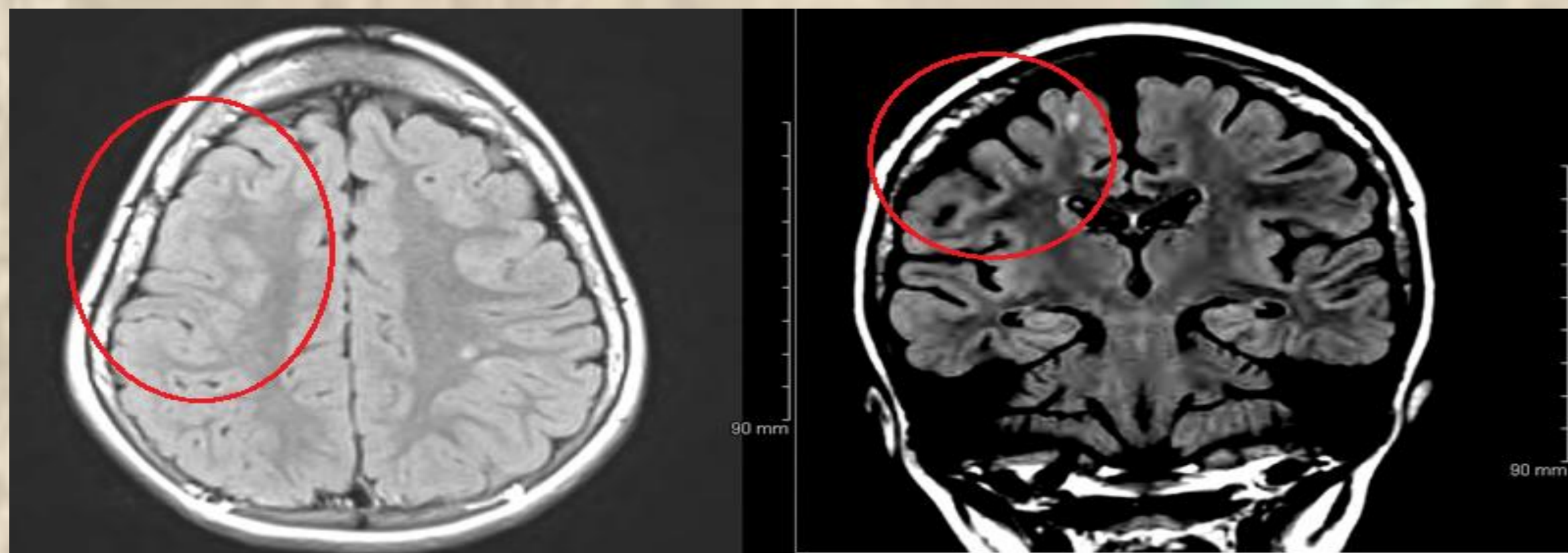
⁴ Clinical Neurophysiology and Diagnostic Epileptology

Introduction

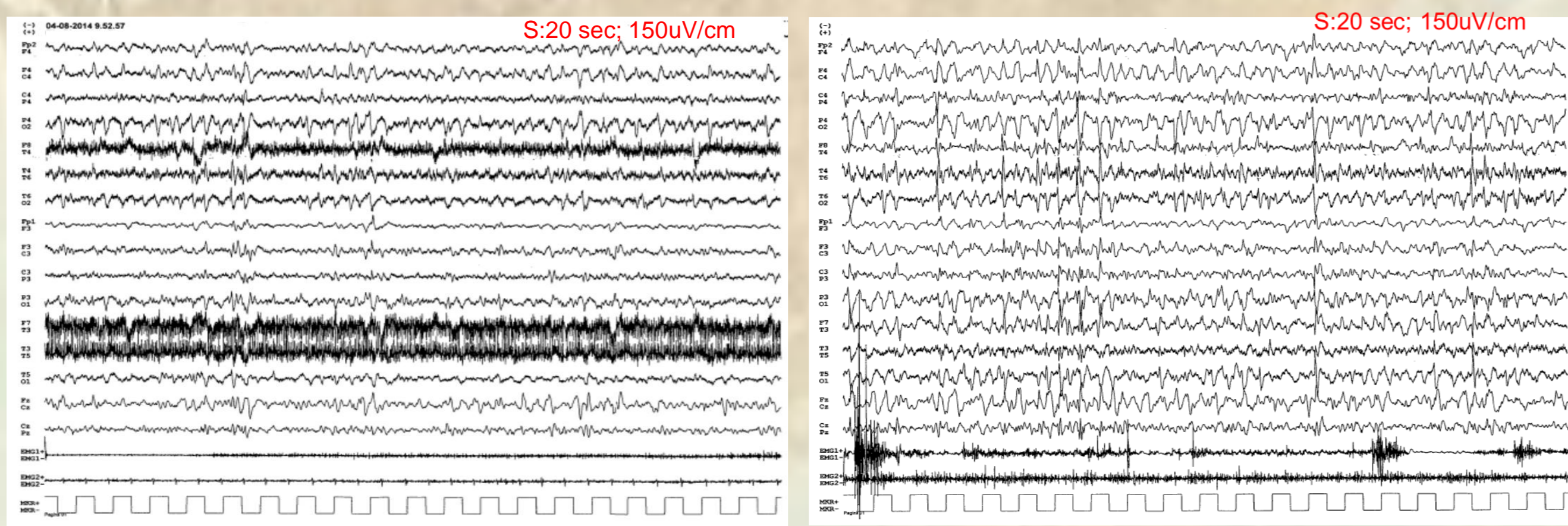
Vagus nerve stimulation (VNS) has a proven efficacy as an adjunctive therapy for patients with drug-resistant epilepsy. Nonetheless no predictive factors for efficacy have been identified. We report the case of a 16-year-old girl with a right frontal cortical dysplasia who underwent surgery without benefit, and then she used successfully transcutaneous VNS (t-VNS) with a good control of seizures. VNS was subsequently implanted.

Case report

Onset of seizures dates back to the age of 4 months; at 10 months she had spasms while waking up and falling asleep. The first EEG, at the age of 12 months, showed hypersarrhythmia with a dominant right hemispheric focus (not shown). At the age of 13 months a brain MRI revealed a right frontal cortical dysplasia.

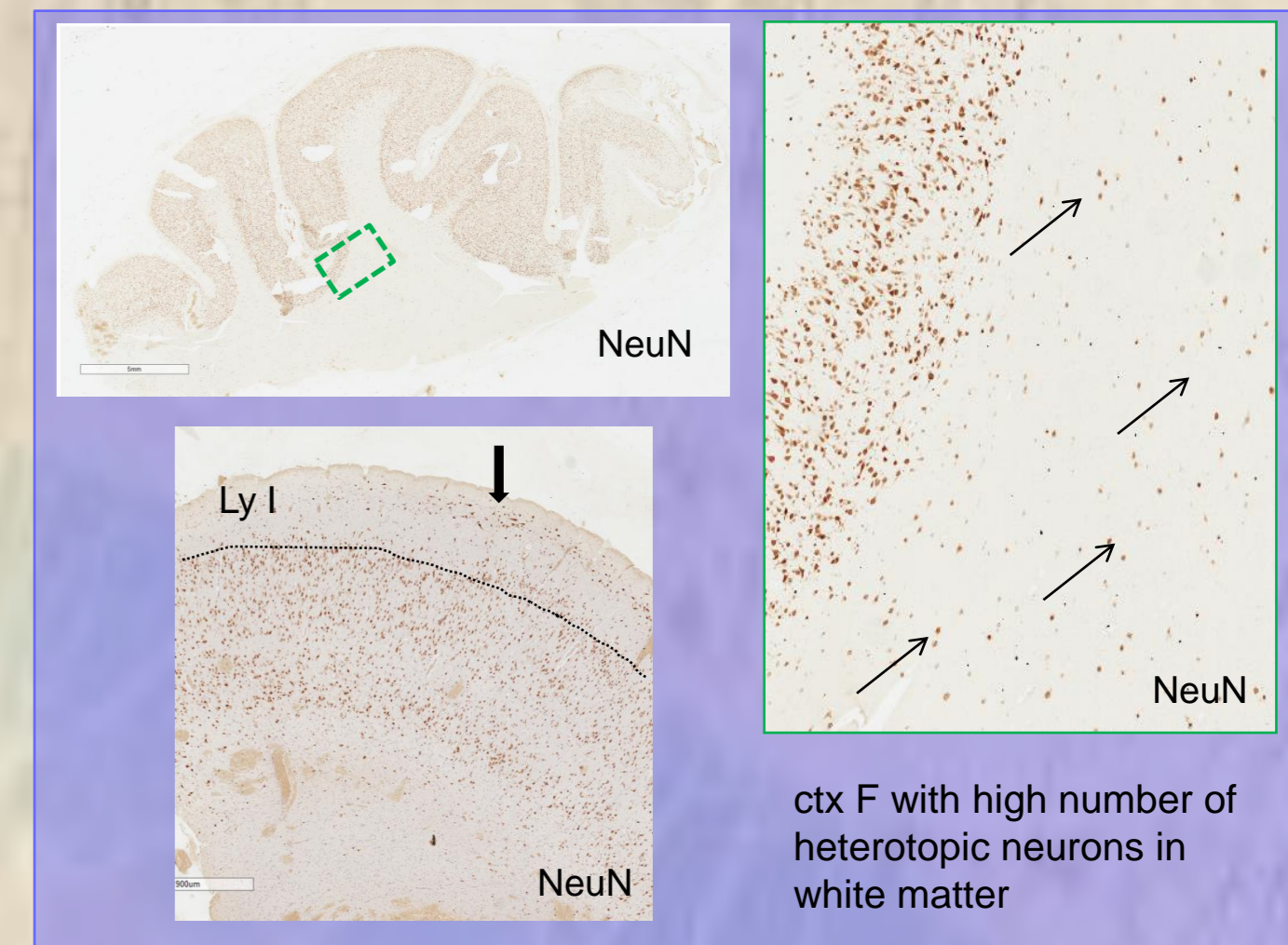
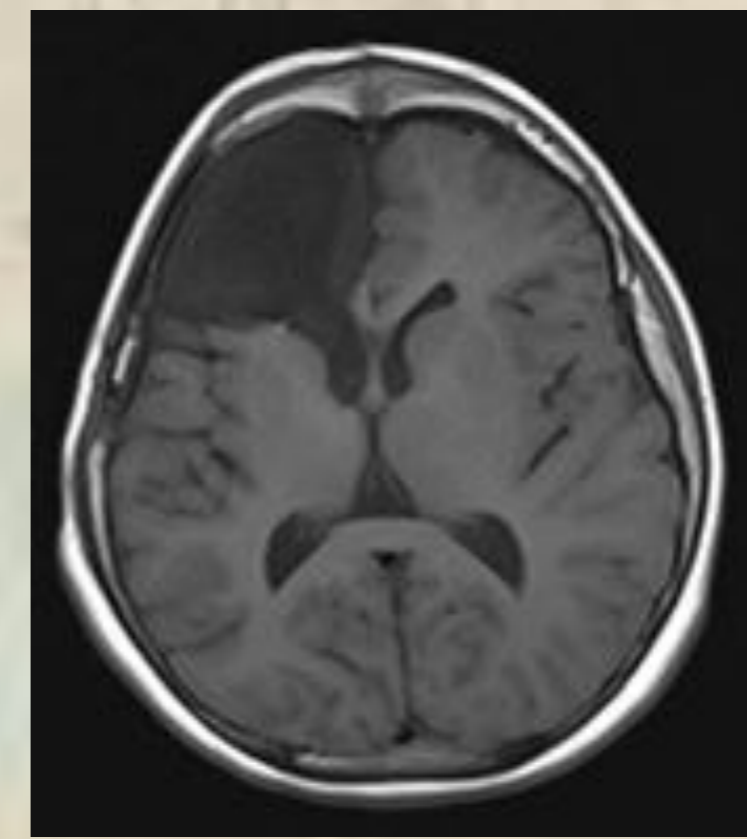


At the age of 2 years she developed focal onset seizures in wakefulness with head fall and version and occasional secondary generalization. At the age of 6 years: in wakefulness seizures as above-described plus grimacing, clinging to mom, upper asymmetric limb tonic elevation; staring seizures; during sleep: left limbs tonic cluster seizures appeared.

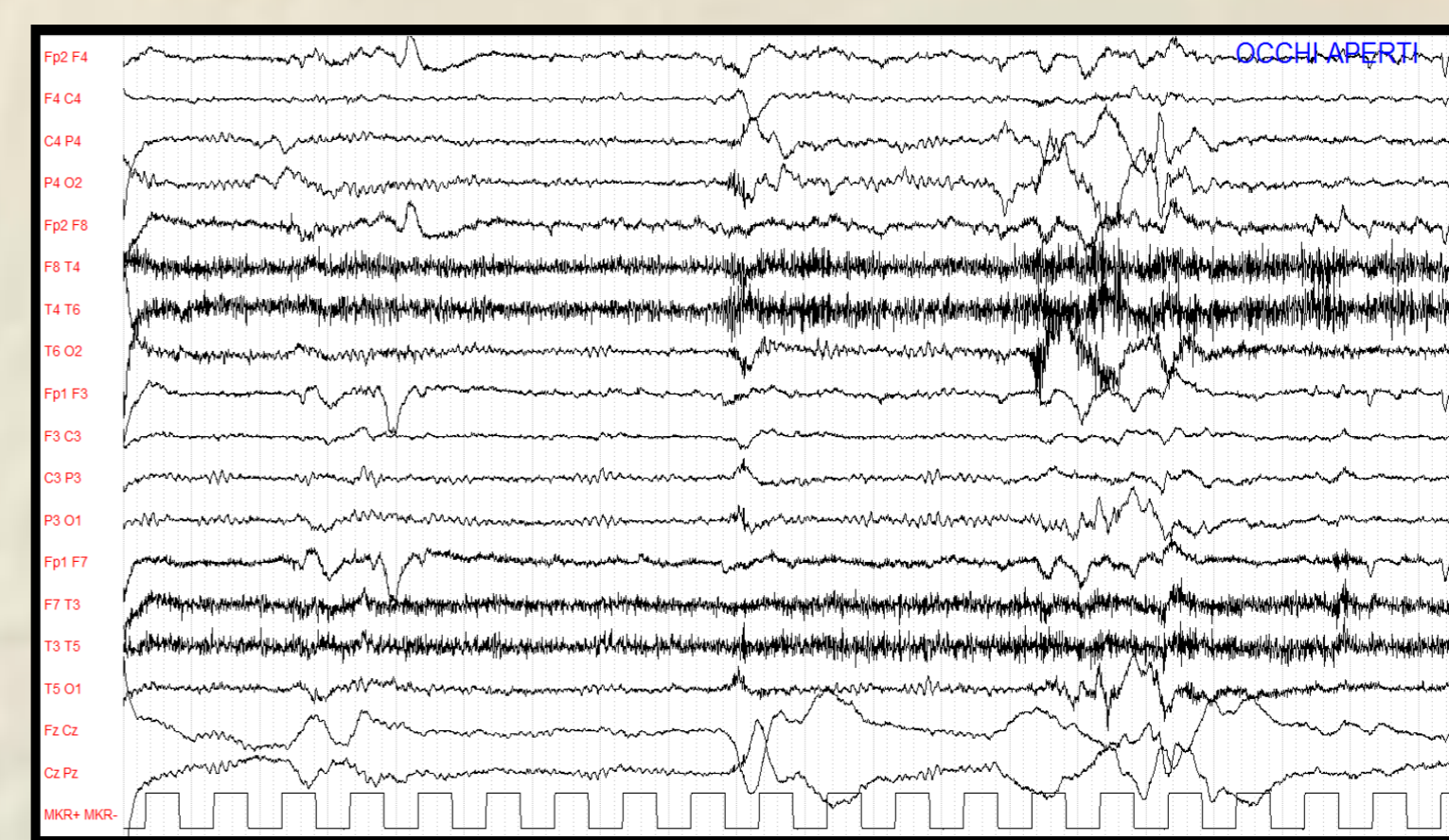
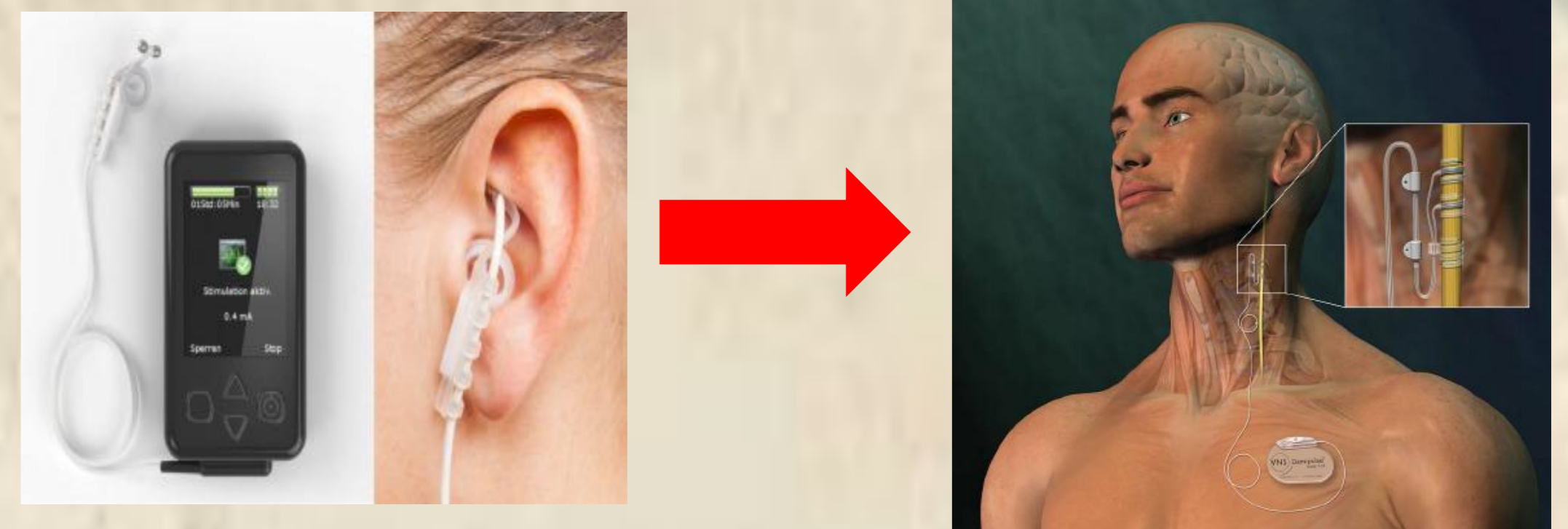


EEG showed multifocal epileptiform discharges with prevalence in right centro-parietal regions. She had uncountable seizures every day despite medical therapy. The most severe were very disabling seizures with falls.

At the age of 8 she underwent a right frontal lobectomy with only a transient (one year) benefit. Histological analysis revealed a IA type focal cortical dysplasia.



At the age of 13 years she benefited from t-VNS treatment with reduction of seizures with falls and secondary generalization. Subsequently VNS was implanted and is still on. The above-mentioned seizures never occurred again.



EEG three years after VNS initiation:
1. background rhythm improvement
2. reduction of epileptiform discharges

Discussion and conclusion

These results confirm previous data on t-VNS mechanism and efficacy suggesting its use in predicting the effectiveness of an invasive VNS. t-VNS could be used as a screening tool allowing a better patient selection to VNS implant.

References

- (1) Vonck K, De Herdt V, Boon P. Vagal nerve stimulation--a 15-year survey of an established treatment modality in epilepsy surgery. *Adv Tech Stand Neurosurg.* 2009;34:111-46
- (2) He W, Jing XH, Zhu B, Zhu XL, Li L, Bai WZ, Ben H. The auriculo-vagal afferent pathway and its role in seizure suppression in rats. *BMC Neurosci.* 2013 Aug 9;14:85.
- (3) Bauer S, Baier H, Baumgartner C, Bohlmann K, Fauser S, Graf W, Hillenbrand B, Hirsch M, Last C, Lerche H, Mayer T, Schulze-Bonhage A, Steinhoff BJ, Weber Y, Hartlep A, Rosenow F, Hamer HM. Transcutaneous Vagus Nerve Stimulation (tVNS) for Treatment of Drug-Resistant Epilepsy: A Randomized, Double-Blind Clinical Trial (cMPSE02). *Brain Stimul.* 2016 Jan 20