Dear editor,

We carefully read the report on the rare and intriguing case titled “Intracranial Lipoma and Epilepsy” by Karatay et al. (1). In regard to this article, we would like to request additional clarifications and offer certain important suggestions about the case.

Intracranial lipomas are rarely symptomatic (2) and they rarely cause epilepsy (3). For this reason, in order to avoid a treatment that would continue for multiple years, more care should have been taken when the epilepsy diagnosis was made on the 11-year-old patient who had a normal neurological examination and an unremarkable medical history, after the first reported seizure according to a relative. We believe that EEG or even video-based monitoring of this patient during or after seizures by a neurologist is important in making a definitive diagnosis. The fact that the patient did not have a history of seizures until 11 years of age and that no problem was detected during the 2 months of phenytoin treatment raises suspicion for the reality of an epileptic seizure. In addition, considering the patient is a female, we believe that carbamazepine would be a more appropriate alternative to phenytoin due to the cosmetic effects and pregnancy concerns.

Regards,

Key words: Intracranial lipoma epilepsy

References

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