

INTERVIEW with the leading team of the “Claudio Munari” Epilepsy Surgery Centre (Niguarda hospital, Milano, Italy); Drs. Laura TASSI, Stefano FRANCIONE and Giorgio Lo Russo.

*Epileptic Disorders:* On behalf of the editorial team of the ILAE educational journal, *Epileptic Disorders*, we wish to congratulate your team for having been awarded the 2015 prize for the best educational manuscript published in the journal in 2014. We wish to let our readers know more about your epilepsy programme and centre. When was it created and how many patients (children and adults) do you operate on every year?

*The Claudio Munari team:* Our epilepsy surgery activity started in 1994 with outpatient clinics. The comprehensive diagnostic and surgical work-up programme for patients with drug-resistant epilepsies started in 1995 under the leadership of the late Claudio Munari. The number of patients investigated steadily increased. In the last five years, our activity, however, has been rather stable as we operate on approximately 120 patients every year and investigate another 40 to 45, following stereotactic implantation of intracranial electrodes (stereo-EEG). The percentage of children who have received surgery has also increased, representing today nearly 40% of our activity. This is a priority for us as we know that a significant number of younger patients could benefit early from epilepsy surgery.

*Epileptic Disorders:* Your work on posterior cortex epilepsies has contributed to the very limited literature on the topic. What is the take-home message from your point of view?

*The Claudio Munari team:* The most important message is probably the high percentage of cured patients who suffered from a form of epilepsy that has always previously been considered particularly difficult to treat surgically. We believe that this is due to the fact that the SEEG methodology, as applied in our centre, allows precise and effective identification of symptoms and signs, of high-localizing value, that serve as the basis for individualized anatomo-electro-clinical correlations. The positive results obtained could also be partly due to the significant number of children included. It is our experience that, in general, children who have received surgery do better than adult patients who have received surgery late in the course of the disorder.

*Epileptic Disorders:* Based on all these years of practice in paediatric epilepsy surgery, what is your main message to those who wish to develop epilepsy surgery centres for children with epilepsy?

*The Claudio Munari team:* The main message is an individualized approach to investigate anatomo-electro-clinical features, for each single patient. The other fundamental point is the endeavour to drastically decrease the delay from diagnosis of a focal (or possibly focal) epilepsy and the pre-surgical work-up in order to arrive at surgery as soon as possible.

*Epileptic Disorders:* Your teams, together with those of Paris-Sainte Anne, Grenoble, Marseille and Lyon in France have been pioneers in stereo-EEG in Europe, while other centres in the world were for years very reluctant to adopt such an approach, preferring to focus on subdural grids. During the last five years, many other centres, not only in Europe but also in the USA, have progressively implemented stereo-EEG techniques. Based on your experience, what are the caveats and pitfalls these new centres should avoid when using SEEG?

*The Claudio Munari team:* The main point is to build an hypothesis based on a coherent pre-surgical work-up regarding possible localization of the epileptogenic zone and then to try to investigate those cerebral structures that contribute to the semiological picture. In doing this, newcomers to SEEG must keep in mind that the brain functions within networks and that spatial coverage is probably less important than anatomo-functional coverage.