

Applicability and contribution of the new ILAE 2017 classification of epileptic seizures and epilepsies*

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Seizure and Epilepsy Classification Systems

- The most widely used classifications have been those proposed by the International League Against Epilepsy (ILAE) in 1981 for epileptic seizures and in 1989 for epilepsies.
- In 2017, the ILAE published a new classification which includes new categories, modifications to the nomenclature, and changes in aetiological systematization.
- This study compares the applicability of the new classification with those of 1981 and 1989 based on a sample of 100 patients and 213 seizures.

Reclassifying seizures

- The nomenclature of most simple partial seizures (1981) varied but without major conceptual differences.
- 1/5 seizures previously classified as GTCS were reclassified as focal to bilateral tonic-clonic seizures in patients with either clear focal seizures, focal EEG or imaging findings.
- A significant number of generalized seizures, including 12.5% of the episodes previously classified as absences and 35% of former generalized tonic-clonic seizures, were reclassified as unknown-onset seizures.

Reclassifying epilepsies

- Most symptomatic focal epilepsies (92%) were reclassified as structural focal epilepsies.
- 7% of formerly cryptogenic focal epilepsies were reclassified as epilepsies of unknown type.
- 27% of cases were moved from the category of “probably IGE” to the group of “epilepsies of unknown type”. These were patients with GTCS only, now reclassified with unknown-onset motor- tonic clonic seizures.

Final commentaries

- Use of descriptors is always needed to provide all relevant clinical information.
- Since this study shows that the correlation between the old and new terminology is not one-to-one, it would be advisable to maintain the original nomenclature when referring to a prior study.
- Recognition of uncertainty avoids forced categorization and reinforces consideration for further ancillary studies and/or periodic re-evaluation.