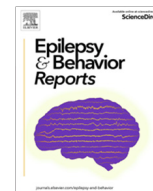




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## Epilepsy &amp; Behavior Reports

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## Editorial



Until his death in 2008, Henry Gustav Molaison was known to the neuroscientific community for over five decades simply by the initials H.M. The subject of over 100 studies, Mr Molaison holds a preeminent position in both the history of neuropsychology and the history of epilepsy surgery [1]. In both fields, his case underlines the value of careful and comprehensive documentation of individual outcomes when it comes to informing clinical practice. With the current emphasis on 'big data' and complex multivariate statistical techniques to analyse group differences, it has become increasingly difficult to find opportunities to widely share the valuable clinical and scientific lessons we can learn from the individual case studies that inform our understanding of epilepsy and the treatments we offer. This special issue of *Epilepsy & Behaviour Reports* redresses this imbalance and presents a series of 11 cases in total. In each case, a neuropsychological assessment or intervention or both had a significant impact on the clinical outcome for the patient.

Some of the cases are instructive and the authors share innovative approaches to challenges in the care of people with epilepsy whilst others are cautionary tales shared to alert others of the potential dangers and pitfalls of misinterpreting data or the consequences of unexpected outcomes. In examples of the former, Dr Miranda [2] and colleagues share their experience and practical advice for a presurgical workup of a patient using American Sign Language, whilst for their contribution, Dr Sharma and her colleagues [3] present the practical dilemmas and their responses to implementing neuropsychological therapies under Covid-19 restrictions. The lessons they impart continue to have implications for remote working as the changes brought about by the COVID-19 pandemic continue to impact on clinical practice around the world.

A number of the cases stress the importance of monitoring more than just cognitive function in a comprehensive neuropsychological evaluation. In the case presented by Taube et al. [4], it was the persisting behavioural disturbance in the context of a near complete recovery of cognitive function that indicated a relapse in a patient with limbic encephalitis, more than a decade after the initial onset of the disease. Similarly the cases presented by Drs Kalscheur [5] and Pulsipher [6] and their colleagues both illustrate the importance of behavioural changes in the diagnosis and monitoring of patients with slow wave sleep disturbance. Barr et al. [7] present the intriguing case of a man who presented with religious conversion as part of progressive cognitive and behavioural decline. Their case highlights how a history of seizures, superimposed on sensory deprivation and a progressive impairment of

right posterior and bilateral anterior brain function, may have contributed to religious conversion, which was followed by dementia and delusions involving religious content.

Not all of the cases in this special issue are focused on decline. Neuropsychological resilience is theme shared the cases presented by Drs Janecek [8] and Plumley [9]. Dr Janecek and her colleagues present the remarkable case of a man who sustained a traumatic brain injury 22 years after undergoing epilepsy surgery. Both cases provide valuable clues as to the factors that may underpin neuropsychological resilience, even in older people with epilepsy.

A theme that runs through many of the cases is that epilepsy and seizures are only part of the picture when it comes to neuropsychological function in this population. This is neatly illustrated in the case presented by Smith [10], which highlights the very real possibility of misattributing memory complaints in post operative patients if the impact of mood is ignored. The serious consequences of misattribution are laid bare in the second case presented by Baxendale and Baker [11] in their paper where over confidence and a poor interpretation of neuropsychological data was one of a number of factors that resulted in the shocking case of a patient with non-epileptic attacks undergoing surgery. Whilst surgery is never an appropriate treatment for someone with non-epileptic attacks, the authors also explore the complex decisions people with epilepsy have to make when they may have to pay a high cognitive price for the chances of seizure freedom that surgery may bring [11].

The thread that draws all of these cases together is the pivotal role that neuropsychology played in the case, not as a standalone investigation but as information that must be integrated to the wider clinical picture for every patient. Each individual case concludes with a clear 'take home message' for clinical practice. Taken as a whole the series demonstrates the breadth of the impact that a neuropsychological assessment can have on the diagnosis and management of someone with epilepsy, with clinical lessons for all involved in the care of this population.

**Conflict of interest**

None to report.

**Ethical statement**

No human or animal data were used to write this introduction to the special issue.

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Available online 18 April 2023