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epilepsy congress

16th European Epilepsy Congress

5-9 September 2026 | Athens, Greece



ABSTRACTS BOOK

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Oral Presentations

In Person Poster Presentations

Late Breaking In Person Poster Presentations

required alternative monotherapy or adjunctive polytherapy. Two patients were referred for neurosurgical evaluation. Currently, 57% (47/83) of patients achieve satisfactory seizure control. As expected, drug-resistant epilepsy was more prevalent in patients with pre-existing psychomotor delay or structural MRI abnormalities.
Conclusion: In our cohort, generalised epilepsy accounted for approximately half of the cases, followed by focal-onset epilepsy, with approximately 10% remaining unclassified. Structural abnormalities were present in 22% of patients via MRI. Levetiracetam and valproate were the most frequently utilised first-line treatments. While the majority achieved seizure freedom on initial monotherapy, a significant subset—particularly those with comorbidities or structural lesions—required adjunctive treatment.

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Ranking of factors influencing the effectiveness of epilepsy treatment in children

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Purpose: To evaluate the effectiveness of antiepileptic therapy in children with epilepsy and to identify anamnestic, clinical, aetiological, and neurophysiological factors associated with pharmacoresistant seizure courses.
Method: A total of 1,017 children aged 3 months to 18 years receiving antiepileptic drugs were examined. Patients were divided into two groups: those with controlled seizures (n = 762; 74.93 ± 1.36%) and uncontrolled seizures (n = 255; 25.07 ± 1.36%). Management followed International League Against Epilepsy (ILAE) standards and the Ukrainian national unified clinical protocol. Comparative analyses included epilepsy form, aetiology, localisation, seizure characteristics, perinatal history, neurological and somatic status, psychomotor development, EEG, and MRI findings. Variation statistics were applied using ranking procedures and Pearson contingency coefficients (C) to determine associations between treatment effectiveness and clinical variables.
Results: Pharmacoresistant epilepsy was most strongly associated with symptomatic forms (83.53%), significantly exceeding the controlled group. Epileptic encephalopathies also showed notable representation. Key etiological contributors included perinatal injury (50.70%), congenital brain malformations (23.47%), and multifocal localisation (47.06%). Uncontrolled seizures were characterised by high frequency (70.20%), multiple seizure types (57.65%), generalised and serial seizures (54.51%). Strong associations with poor control were found for seizure manifestations and frequency (C up to 0.54). Adverse perinatal factors included complicated pregnancies (83.14%), intrauterine hypoxia (34.12%), low Apgar scores (≤6). Neurological deficits (92.55%), somatic pathology (84.71%), and psychomotor delay (82.75%) predominated in the uncontrolled group. Neurophysiological data showed combined EEG abnormalities in 82.75% and combined MRI changes in 49.41%, both markedly higher than in controlled patients. EEG correlations with treatment resistance were strong (C up to 0.66–0.69).
Conclusion: Pharmacoresistant epilepsy in children is multifactorial and strongly linked to symptomatic aetiology, perinatal CNS damage, multifocal brain involvement, severe seizure patterns, developmental impairment, and combined EEG/MRI abnormalities. Early identification of these predictors may improve prognosis, guide individualised therapy, and optimise long-term seizure control strategies.

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Exploring the impact infantile spasms and aetiology have on disease progression and development of Lennox-Gastaut syndrome

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