

Biography

Nikola Vojvodić, MD, was born in Belgrade. He started his studies at the University School of Medicine in Belgrade in 1987 and graduated in 1994 (grade point average 9,26). He passed his final exam, entitled "Parkinson's disease" at the Institute of Neurology with grade 10. The very same year he started his postgraduate studies in neurology. He became Master of Neurological Sciences in 1999 with the final exam entitled "The Significance of CAG Trinucleotide Repeat Number for Onset, Clinical Course and Differential Diagnosis of Huntington's Disease". After completing his specialization, he became neurologist in October 1999. He has been employed at the Epilepsy Department at the Clinic for Neurology since June 2000. In July 2008 he was appointed Assistant Lecturer at the Department of Neurology at the University School of Medicine in Belgrade. He defended his doctoral dissertation entitled "Analysis of periictal vegetative signs for localization of epileptogenic zone in temporal lobe epilepsy," in December 2012. In July 2014 he was appointed as a Lecturer of Neurology at the University School of Medicine in Belgrade. By the decision of the Scientific Council of the Medical Faculty in Belgrade, his book "Temporal lobe epilepsy" was selected as a "Distinguished Monograph of National Importance".

Lecture Summary

The most important and simplest way to treat epilepsy is through the use of antiepileptic drugs. Unfortunately, in about 20-30 % this does not achieve seizure control is not achieved.

Resective surgery for patients with refractory focal epilepsy leads to a full seizure control in about 2/3 of patients. The potential problem lies in the fact that most of the centers for the surgical treatment of epilepsy „see“ only those patients who „recruited themselves“, not passing the feedback to competent physicians or neurologists who initially did not opt for the possibility of surgical treatment.

However, patients also have some reservations about the surgical treatment of epilepsy. The main reasons for this are unwarranted fear of surgery, lack of information on the effectiveness of surgical treatment compared to other forms of treatment and a lack of a clear perception of life and work after surgery (i.e., how to organize life without seizures after years and years of severe disability). Only permanent work on education of the patients, attending physicians, the media and health care funds can result in these problems being overcome.