For further Information and Registration

visit the websites

www.congrex.de/epilepsy2011
www.uni-marburg.de/fb20/neurologie/ezm

or fill in and fax this to **+49 - 76 21 - 7 87 14**

Congrex Deutschland GmbH
Hauptstraße 18
79576 Weil am Rhein
Fon +49 - 76 21 - 98 33 0
E-Mail: weil@congrex.com

Last Name: _____

First Name: _____

Title: _____

Institution: _____

Street : _____

City: _____

Postcode/ZIP: _____

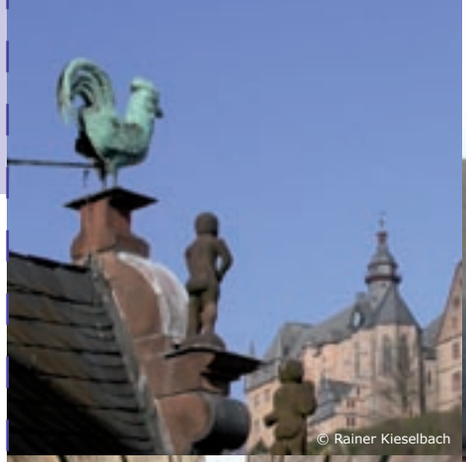
Country: _____

Email: _____

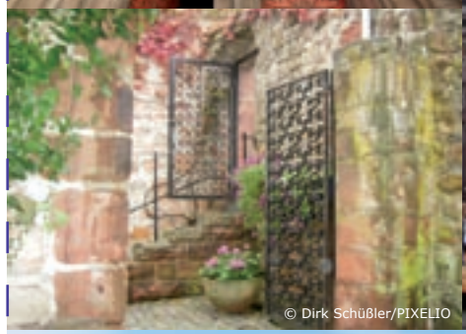
Fax: _____

Signature: _____

ucb
THE EPILEPSY COMPANY


© Rainer Kieselbach


© Rolf. K. Wegst


© Dirk Schüßler/PIXELIO


© Klaus-Uwe Gerhardt/PIXELIO


© Rainer Kieselbach

First Announcement

4th International Epilepsy Colloquium

Marburg/Munich • IDEE-Lyon • UH Cleveland

Symposium on
Epilepsy Surgery for Remote Symptomatic Epilepsies
Post traumatic brain injury, vascular malformations, stroke, brain tumors and inflammatory lesions

Marburg, Germany
June 19th to 22nd, 2011

Directors: F. Rosenow, H.M. Hamer, S. Knake

In cooperation with: Epicure (www.epicureproject.eu)

followed by

Munich University Epilepsy Course
Munich, Germany (www.munich-epi.de)

June 23rd to 25th, 2011

Directors: H. Lüders, S. Noachtar

EZM Interdisziplinäres Epilepsie Zentrum am Universitätsklinikum Gießen und Marburg

idée

Philipps Universität Marburg

Case Western Reserve University

University Hospitals Neurological Institute

Foreword

Frequently the etiology rather than the localization of an epilepsy syndrome determines the approach to the presurgical diagnosis as well as the postoperative outcome. This is reflected in the recent proposal of the ILAE Commission on Classification and Terminology that states that "less emphasis should be given to the localization and more to the underlying structural or metabolic cause".
The 4th International Epilepsy Colloquium (IEC) will focus on epilepsy surgery for remote symptomatic epilepsies, including post traumatic brain injury, remote vascular lesions, brain tumors, inflammatory lesions and vascular malformations such as cavernomas.
Cavernomas can serve as a model for the surgical management of lesional epilepsies. Cavernomas consist of a very well defined, relatively small lesion (the cavernoma itself) surrounded by a hemosiderin rim. However, only about 70% of patients with a focal epilepsy caused by a cavernoma are rendered seizure free postoperatively depending on the duration of the epilepsy and on the resection strategy (lesionectomy vs. topectomy).
This Colloquium will facilitate an intensive discussion of the pathophysiology and current management approaches to remote symptomatic epilepsies. At the same time, discussion of epilepsies caused by clearly defined structural lesions will allow us to critically question and define better the concept of "epileptic networks".

We cordially invite you to Marburg from June 19th to 22nd 2011 to meet and discuss with you these issues and entities

Felix Rosenow, MD

Hajo M. Hamer, MD

Susanne Knake, MD

International Scientific Committee

Frederick Andermann, Montreal; Alexis Arzimanoglou, Lyon; Christoph Baumgartner, Vienna; Thomas Bast, Kork; Ludwig Benes, Marburg; Christian Bien, Bonn; Youssef Comair, Houston; Alois Ebner, Bielefeld; Edouard Hirsch, Strasbourg; Philipps Kahane, Grenoble; Mohammad Koubeissi, Cleveland; Hans Lüders, Cleveland; Robert Macunias, Cleveland; Solomon Moshe, New York; Christopher Nimsky, Marburg; Soheyl Noachtar, Munich; Asla Pitkänen, Kuopio; Philippe Ryvlin, Lyon; Bernhard Steinhoff, Kork; Ulrich Sure, Essen; Marcos Tatagiba, Tübingen; Eugen Trinka, Innsbruck; Matthew Walker, London

Preliminary Program

June 19th, 2011
Pre-Congress Symposia

Part I
The Impact of Etiology

Evening Reception

June 20th, 2011
Part II
Postinflammtory Epilepsy
Animal models
Herpes encephalitis, Meningitis and vasculitic infarction
Rasmussens Encephalitis
Autoimmune Encephalitis

Part III
Tumor Associated Epilepsy
Pathopysiology of tumor related epilepsies
Correlation of MRI and pathology
Lesionectomy vs topectomy
The Role of invasive EEG/stereo encephalography
Predicting postoperative seizure outcome

Reception at the Castle

Preliminary Program

June 21st, 2011
Part IV
Post Stroke Epilepsy
Ischemic stroke
Animal models
Perinatal stroke: The relevance of lesion induced plasticity
Approach to the patient with porencephalic cysts
Dual pathology – what to operate
Tailoring by functional deficit
ICH and SAH
What to resect, scars vs hemosiderin?

Part V
Posttraumatic Epilepsy
Animal models
Natural history
Imaging: Role of gliosis and hemosiderin
Indications for invasive monitoring
Surgical approach

June 22nd, 2011
Part VI
Vascular Malformations & Epilepsy
Animal models
AVM
Can interventional radiology improve the epilepsy?
The role of radiation for obliteration and seizure control
The role of surgery

Cavernous angioma
Concepts: Microsurgical lesionectomy vs. epilepsy surgery
Predictors of epileptogenicity and postsurgical outcome
Is Video-EEG necessary: Pro – Contra
Go for the cortical hemosiderin Pro – Contra

Post-Congress Symposia and Interest group meetings

End of the 4th IEC