

# Corpus Callosotomy in a Patient with Refractory Status Epilepticus: Case Report and Literature Review

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**Introduction.** Drug-resistant epilepsy (DRE) is a significant challenge in neurology, affecting approximately one-third of epilepsy patients who do not respond to pharmacological treatment despite the availability of over 30 antiepileptic drugs (AEDs). Corpus callosotomy is a palliative surgical procedure for managing DRE, particularly effective in reducing seizure frequency in selected patients. This study presents a clinical case of a patient in refractory status epilepticus who underwent corpus callosotomy and reviews the role of this procedure in the treatment of DRE.

**Methods.** A clinical case is presented where corpus callosotomy was performed on a patient in refractory status epilepticus, characterized by persistent focal motor seizures. After the failure of multiple pharmacological treatments, a complete corpus callosotomy was conducted. Additionally, a systematic literature review was performed to analyze patient selection criteria, clinical outcomes, and advancements in surgical techniques.

**Results.** Postoperative outcomes indicated an 80% reduction in seizure frequency and significant improvements in functional independence, despite persistent focal motor seizures. The literature review supported corpus callosotomy as a viable option for patients with generalized epilepsy who are not candidates for focal resective surgery.

**Conclusions.** Corpus callosotomy remains a valuable palliative option for managing drug-resistant generalized epilepsy and refractory status epilepticus. Although not curative, it significantly reduces seizure burden and enhances quality of life. Future directions include exploring minimally invasive techniques and neurostimulation therapies to complement surgical interventions.