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Case report of epileptic seizure during awake craniotomy of functional area glioma and literature study

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Abstract

Intraoperative seizure is the most prevalent and serious complication of awake craniotomy in functional areas, which may not only trigger complications of the surgical procedure or even the failure of awake craniotomy but also may result in adverse consequences to patients. The influencing factors of intraoperative seizures are unclear, and only the possible influencing factors can be acquired from the examination and summary of existing cases to offer guidance for the seizure prevention of intraoperative epilepsy.

Keywords: Eloquent brain areas; Glioma brain; Intraoperative neurophysiological monitoring; Intraoperative seizures; Seizure onset during awake craniotomy.

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