

ABSTRACT

Patient selection for DBS

Elena Moro, MD, PhD, Professor of Neurology, CHU Grenoble, Joseph Fourier University, Grenoble, France

Pallidal deep brain stimulation (DBS) is effective in generalized and segmental primary dystonia, but there is not enough evidence in focal and secondary dystonia.

Pallidal DBS can improve quality of life (QoL) and disability in patients non-responsive to medical treatment. Young primary dystonia patients with shorter disease duration and less severe dystonia are likely to have the best outcome from DBS. As such, when disability interferes with QoL surgery should not be delayed. In patients with secondary dystonia a case-by-case approach is recommended.

Rigorous guidelines about which steps are necessary before considering patients with dystonia for surgery do not exist.

We will review the current approach for dystonia patients candidate for surgery by reviewing the literature and the accumulated experience worldwide.