



## Epilepsy Research and Antiepileptic Drugs 2.0

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### Message from the Guest Editor

Approximately 30% of Epileptic patients present refractory epilepsy (RE), defined as “failure of adequate trials of two tolerated and appropriately chosen and used anti-seizure medication schedules (whether as monotherapies or in combination) to achieve sustained seizure freedom”. In up to 70–80% of the cases, some genetic component is present. Hundreds of genes are known to be involved in epilepsy, and the number continues to rise. For this reason, the use of screening techniques such as whole-exome sequencing (WES) and/or whole-genome sequencing (WGS) has allowed the identification of new pathological genes and, in many cases, molecular diagnosis. Although drug resistance in epilepsy is likely to be multifactorial, the molecular mechanisms underlying it are poorly understood. It remains impossible to explain why only some patients with the same type of epilepsy and matching etiologies develop refractory epilepsy after treatment. This Special Issue, entitled “Epilepsy Research and Antiepileptic Drugs 2.0”, will continue the work of previous publications on the etiology of epilepsy, with an especial focus on refractory epilepsy.





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