

**Table 1. Patient information**

Patient	Sex	Age, yr	Risk factors	Epilepsy onset, yr	Epilepsy duration, yr	Ictal clinical symptoms/signs	Slow I/Ictal EEG	Epilep. I/Ictal EEG	Ictal EEG onset	Seizure frequency, n/days	Current medications	Epileptogenic zone	Surgery
1	F	32	FC	6	26	Res+Veg+Exp+O-Aut	T Reg	BT Focal	Reg	3/7	Carbamazepine, lamotrigine	L Mes Lat	L ETL
2	F	31	FC	6	25	Res+O-Aut+Dys	T Focal	T Focal	Focal	3/7	Carbamazepine, lamotrigine	R Mes	R AMTL
3	F	30	FC	7	23	Res+O-Aut+Veg	T Focal	T Focal	Focal	3/30	Carbamazepine, lamotrigine	R Mes	R AMTL
4	M	29	—	6	23	Exp+Veg+Staring+O-Aut	T Focal	T Focal	Focal	3/30	Carbamazepine, lamotrigine	R Mes Lat	R ETL
5	M	40	FC	10	30	Res+Veg+Staring+O-Aut+Dys	BT Focal	T Focal	Focal	3/7	Levetiracetam	L Mes	L AMTL
6	F	32	FC	20	12	Res+Veg+Exp+Staring	T Focal	BT Focal	Focal	3/7	Carbamazepine, lamotrigine, valproate	L Mes Lat	L ETL

Preoperative patient evaluation included detailed clinical histories, neurological examination, scalp electroencephalogram (EEG), cerebral computed tomography, and magnetic resonance imaging, as detailed before [Palma, E., Esposito, V., Mileo, A. M., Di Gennaro, G., Quarato, P., Giangaspero, F., Scoppetta, C., Onorati, P., Trettel, F., Miledi, R., *et al.* (2002) *Proc. Natl. Acad. Sci. USA* **99**, 15078-15083]. The removal of the brain tissue was clinically indicated to achieve seizure control, and over a follow-up of 2-4 months the patients did not show seizures. F, female; M, male; FC, febrile convulsions; Res, rising epigastric sensation; Veg, vegetative symptoms; O-Aut, oro-alimentary automatisms; Exp, psycho-experiential symptoms; Dys, contralateral upper limb dystonia; BT, bitemporal; T, temporal; Reg, regional; R, right; L, left; Mes, mesial; Lat, lateral; AMTL, anteromesial temporal lobectomy; ETL, extensive temporal lobectomy; I/Ictal, interictal.