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To the Editors:

We thank Dr. Kheder and colleagues for their letter and we are grateful for their comments.

The authors of Outcome following multiple subpial transection in Landau-Kleffner syndrome and related regression discussed focusing on those with a classic LKS presentation prior to publication. It was decided that as this is such a variable population and the proportion of classic LKS cases in the surgery and nonsurgery groups was equivalent, the analysis would focus on the group as a whole as this is more representative of what presents clinically. However, in response to Dr. Kheder and colleagues' letter we have repeated the main analysis with the classic LKS only subgroup below. Given the small sample size in this subgroup analysis, the findings should be interpreted with some caution.

At baseline, significant differences between the surgery and nonsurgery groups remained for age at pre-surgical assessment ($t(-2.3)$, $p=.03$) and laterality of discharges ($X^2=7.3$, $p=.03$). In this classic LKS subgroup, there was no significant difference between the surgery group ($n=11$) and the nonsurgery group ($n=15$) in language or non-verbal reasoning category levels at baseline or at follow-up (see appendix Table S2 for language category at both time points¹). There remained no significant difference between groups for change in language category over time, with improvement in 3 of the surgery group and 7 of the control group, no change in 5 of the surgery group and 5 of the control group, and deterioration in 2 of the surgery group and 2 of the control group.

At follow up, there were no significant differences between the surgery and nonsurgery groups in ESES outcome, seizure outcome, adaptive functioning or quality of life. Seizures at follow-up ($\beta=-.64$) remained the most significant predictor of quality of life ($F=10.42$, $R^2=.41$, $p=.01$) with age at regression becoming non-significant (note that 'diagnosis' was removed from the regression model).

Overall, the main findings of this subgroup analysis are very similar to the whole sample analysis, with similar outcomes for both the surgery and nonsurgery groups. This supports our original conclusion that there is insufficient evidence that multiple subpial transection in LKS produces substantial benefits over and above the recovery seen in patients who do not undergo surgery.

References

1. Downes, Michelle, Rebecca Greenaway, Maria Clark, J. Helen Cross, Nicola Jolleff, William Harkness, Marios Kaliakatsos, Stewart Boyd, Steve White, and Brian G. R. Neville. "Outcome following Multiple Subpial Transection in Landau-Kleffner Syndrome

and Related Regression." *Epilepsia* 56, no. 11 (2015): 1760-766.

We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines

Disclosure

None of the authors has any conflict of interest to disclose