

Introduction

Endoscopic third ventriculostomy (ETV) has gained widespread acceptance as an effective way to manage hydrocephalus in selected patients. With improved surgical armament and techniques, however, ventriculostomy is now considered to become popular choice. To elucidate the ongoing discussion, a retrospective analysis of ETVs was conducted.

Methods

50 consecutive ETV patients were analyzed using the ETV success score and radiological features of Hydrocephalus. The radiological features studied were, thinned floor, downwards bulging of the third ventricle, enlarged supraoptic recess and anterior curvature of lamina terminalis, increased dilatation of proximal aqueduct compared to distal.

Results

Patients with benign space-occupying lesions and non tumorous aqueductal stenosis had the highest success rates. Complications encountered included, venous bleeding, infection and abandoning procedure. ETV score and radiological features were able to predict ETV success in majority of patients.

Conclusions

ETV is considered most effective in treating uncomplicated occlusive hydrocephalus caused by aqueductal stenosis and space-occupying lesions. The factors validated in this study are patients with previous shunt in place, an infectious etiology and their age. Neurosurgeons should be aware of ETV success score and its radiological success predictors. These factors should be elaborately discussed with patient or his family before proceeding with the procedure.

Learning Objectives

To Learn the effectivity of ETV Success score in patients with Hydrocephalus