**Introduction**  
To present a prospective study evaluating posteromedial hypothalamotomy for the treatment of patients who are aggressive and disruptive behavior resistant to any medical treatment.

**Methods**  
Between 15 years, Fifteen patients with unmotivated aggressivity, medical intractable impulsive and violent behavior were evaluated by a group of psychiatrists being one consultant. Ten patients were IQs below average. Every patient was evaluated by Overt Aggression Scale for the objective rating of verbal and physical aggression before and after surgery. It is presented a mean follow up of 11 years. The stereotactic coordinates were according to Sano et al. We used MSPS v5.8 software (Mevis, São Paulo) to localize the posteromedial hypothalamus, ergotropic triangle, fusing stereo CT and MRI and Stereotactic atlas. All they were general anesthesia with no interference at stimulation. Macro stimulation confirmed the target with autonomic and somatosensor responses in all of them.

**Results**  
There was a significant improvement in terms of violent behavior in nine out of twelve patients. OAS scores are remarkable reduced and stabilized in low scores. Two were referred to complement with bilateral amigdalotomy with good improvement after six months. Four patients had generalized seizures, and after surgery one is seizure free and one is Engel II and two unchanged Engel III. There were no significant changes in neuropsychological tests after the 17 procedures. Most of them are still an occupational therapy center, and 9 are going to work.

**Conclusions**  
Posteromedial hypothalamotomy for intractable unmotivated aggressivity and impulsive and violent behavior well selected is effective and as Sano showed very safe.

**Learning Objectives**  
Evaluate efficacy and safety of using Hypothalamotomy to control intractable aggressivity

**References**


