

Evaluation of Endoscopic Evacuation of Intraventricular Hemorrhage

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Introduction

Neuroendoscopy has become an integral part of neurosurgery,particularly in the ventricular system. Intraventricular hemorrhage (IVH) with associated hydrocephalus is a good indication for endoscopic surgery. The aim of the present study was to evaluate the role of endoscopy in evacuation of intraventricular hemorrhage as well as its safety and feasibility.

Methods

During a 1-year period, 15 patients with spontaneous IVH with associated hydrocephalus were studied. Patients with a large parenchymal hematoma or IVH of vascular origin were excluded from the study. Rigid endoscope was used to evacuate hematoma in lateral ventricles and third ventricle in all patients. Glasgow Coma Scale (GCS), Graeb score and ventriculo-cranial ratio were evaluated before and after endoscopic intervention and Glasgow Outcome Scale (GOS) was appraised at 6 months postoperatively.

Results

In all patients, the procedure resulted in a considerable removal of ventricular blood. Graeb score was reduced by 48%..Ventriculo-cranial ratio was reduced by 27%. The procedure was carried out safely and no bleeding or delayed hydrocephalus was observed in any case. Mortality at 6 months was found in 33% of the patients and favorable outcome (Glasgow Outcome Scale. 3-5) was observed in 33% of cases.

Conclusions

Endoscopic management of severe IVH with obstructive hydrocephalus can effectively reduce the amount of ventricular blood. Future refinement in instrumentation and careful selection of cases may make this method more applicable and effective.

Learning Objectives

assessment the role of the endoscope in evacuation of intraventricular hemorrhage

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