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Nineteen patients diagnosed with Parkinson's disease were enrolled in a study. Postoperative TCS was applied to measure the distance between the implanted electrodes and the third ventricle in the axial plane. Whether the electrodes were positioned within or outside the substantia nigra (SN) was evaluated through measurements in the coronal plane. The obtained metrics through TCS were compared with those from postoperative computed tomography (CT) and magnetic resonance imaging (MRI).

A statistically significant correlation between distances from electrode to third ventricle by TCS and CT/MRI ($r = 0.75$, $p < 0.01$) was observed. Distances from third ventricle to electrodes tips were different when sonographically they showed to be inside or outside the SN ($p < 0.01$). A cut-off value of 8.85mm in these distances was the most sensitive (100%) and specific (90.5%) to predict if electrodes were positioned inside the SN (CI 95% 0.81-10.30, $p = 0.001$).

Transcranial sonography is a useful technique to reliably identify targeted positioning of deep brain stimulation electrodes in or out of the SN [1].

It is a reference hospital for severe trauma in a geographic zone where “balconing” activity takes place. They have retrospectively reviewed the medical records of patients sustaining “balconing”-related injuries. Salient features regarding epidemiology, neurosurgical injuries, systemic injuries, and outcome are described. With this series of cases, they aim to present “balconing” as a cause of traumatic brain injury and polytrauma in a defined population, and to express the concern this group of patients generate [2].

1)
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2)
Pérez-Bovet J, Lorencio C, Taché A, Pujol Valverde P, Martín Ferrer S. Traumatic brain injury caused by “balconing”. Br J Neurosurg. 2014 Aug 27:1-5. [Epub ahead of print] PubMed PMID: 25162559.