

Craniotomy for basal ganglia hemorrhage evacuation

- Efficacy of YL-1 hematoma crushing needle combined with hematoma drainage in intracerebral hemorrhage treatment
- Comparison of Long-Term Outcomes in Patients with Supratentorial Spontaneous Intracerebral Hemorrhage Treated with and without Surgical Intervention
- Neuroendoscopic surgery versus craniotomy for basal ganglia hemorrhage: a systematic review and meta-analysis of randomized controlled trials
- Endoscopic surgery without decompressive craniectomy for large putaminal intracerebral hemorrhage: how I do it
- Robot-assisted drainage: A safer and more effective approach to Basal Ganglia Hemorrhage
- Portable ultrasound-guided keyhole evacuation of intracerebral hemorrhage: a detailed case report highlighting technical nuances
- Efficacy and Safety of Endoscopic Surgery Versus Craniotomy for Hypertensive Putamen Hemorrhage
- Swiss trial of decompressive craniectomy versus best medical treatment of spontaneous supratentorial intracerebral haemorrhage (SWITCH): an international, multicentre, randomised-controlled, two-arm, assessor-blinded trial

A study aimed to improve the accuracy and efficacy of the keyhole transsylvian approach to remove hypertensive [basal ganglia hemorrhage](#). Lin et al. presented a stable [keyhole craniotomy](#) based on anterior [squamosal suture](#) to expose [insular cortex](#) and [basal ganglia](#).

Twenty-nine patients with hypertensive basal ganglia hemorrhage were treated with keyhole surgery and studied in Guangdong sanjiu brain hospital.

By using a bone suture marked keyhole transsylvian approach, near-complete (90%) hematoma evacuation was achieved in 21 cases (72.4), 70% to 90% in 8 cases (24.1), and less than 70% in 1 case (3.4%). In our cohort, 55.1% (16/29) with good function (GOS score 4-5), 41.3% (12/29) with disability (GOS score 3), and 3.4% (1/29) in a vegetative state (GOS score 2). No patients died within 6 months of operation.

This method can greatly minimize the bone exposure and precisely located the distal Sylvian fissure. A stable keyhole craniotomy based on bone suture can be identically safe and effective in comparison with classic surgery, and it consumes less time and less intra-operative bleeding ¹⁾.

¹⁾

Lin J, Li Y, Ye J, Huang F, He G, Li Q, Zhang L. A Keyhole Approach Centered by Anterior Squamous Suture to Hypertensive Basal Ganglia Hemorrhage. J Craniofac Surg. 2020 Sep 28. doi: 10.1097/SCS.00000000000007133. Epub ahead of print. PMID: 33003160.

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