

**Neuroendoscopy** is now considered to be a minimally invasive surgical approach for expanding lesions bulging into the **ventricle**, and it is also considered to be a relevant tool for performing **biopsy** procedures, fenestration of cystic walls, or for performing tumor removal in selected cases. Furthermore, the use of neuroimaging and the accurate follow-up of brain tumor patients have allowed the documentation of tumoral and pseudotumoral cystic areas that cause the obstruction of cerebrospinal fluid (CSF) pathways. Neuroendoscopic procedures enable the fenestration of cystic lesions, in addition to enabling **third ventriculostomy** or **septostomy** to restore CSF pathways.

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