

Endoscopic third ventriculostomy success rate

Overall success rate is $\approx 56\%$ (range of 60–94% for nontumoral aqueductal stenosis (AqS)). Highest maintained patency rate is with previously untreated acquired AqS. The success rate in infants may be poor because they may not have a normally developed subarachnoid space. There is a low success rate (only $\approx 20\%$ of TVs will remain patent) if there is pre-existing pathology including:

1. tumor
2. previous shunt
3. previous SAH
4. previous whole-brain radiation (success with focal stereotactic radiosurgery is not known)
5. significant adhesions visible when perforating through the floor of the third ventricle at the time of performance of ETV

Also in the elderly, [Endoscopic third ventriculostomy](#) is a safe and efficient procedure, with success rates similar to the younger population. Further research is required to set up a prognostic scoring system for this age group ¹⁾.

A repeat [endoscopic third ventriculostomy and choroid plexus cauterization](#) can be an effective salvage therapy in the event of ETV failure ²⁾.

Scores

see [Endoscopic third ventriculostomy success score](#) (ETVSS)

¹⁾

Niknejad HR, Depreitere B, De Vleeschouwer S, Van Calenbergh F, van Loon J. Results of endoscopic third ventriculostomy in elderly patients ≥ 65 years of age. Clin Neurol Neurosurg. 2015 Mar;130:48-54. doi: 10.1016/j.clineuro.2014.12.009. Epub 2014 Dec 31. PubMed PMID: 25576885.

²⁾

Kono M, Tsuda K, Yamashita M, Ihara S. Repeat [endoscopic third ventriculostomy](#) combined with [choroid plexus cauterization](#) as [salvage surgery](#) for failed endoscopic third ventriculostomy. Childs Nerv Syst. 2022 Apr 19. doi: 10.1007/s00381-022-05488-6. Epub ahead of print. PMID: 35438316.

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