

Endoscopy assisted interhemispheric transcallosal hemispherotomy

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Endoscopy-assisted interhemispheric transcallosal hemispherotomy was performed in 5 children (April 2013-June 2014). The procedure consisted of performing a small craniotomy (4 × 3 cm) just lateral to midline using a transverse skin incision. After dural opening, the surgery was performed with the assistance of a rigid high-definition endoscope, and bayoneted self-irrigating bipolar forceps and other standard endoscopic instruments. Steps included a complete corpus callosotomy followed by the disconnection of the hemisphere at the level of the basal nuclei and thalamus. The surgeries were performed in a dedicated operating room with intraoperative magnetic resonance imaging and neuronavigation. Intraoperative magnetic resonance imaging confirmed a total disconnection.

RESULTS: The pathologies for which surgeries were performed included sequelae of middle cerebral artery infarct (n = 2), Rasmussen syndrome (n = 1), and hemimegalencephaly (2). Four patients had an Engel class I and 1 patient had a class II outcome at a mean follow-up of 10.2 months (range, 3-14 months). The mean blood loss was 80 mL, and mean operating time was 220 minutes. There were no complications in this study. **CONCLUSION:** This study describes a pilot novel technique and the feasibility of performing a minimally invasive, endoscopy-assisted hemispherotomy ¹⁾.

¹⁾

Chandra PS, Kurwale N, Garg A, Dwivedi R, Malviya SV, Tripathi M. Endoscopy-assisted interhemispheric transcallosal hemispherotomy: preliminary description of a novel technique. *Neurosurgery*. 2015 Apr;76(4):485-95. doi: 10.1227/NEU.0000000000000675. PubMed PMID: 25710106.

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Last update: **2024/06/07 02:54**

