The complication rate of Neuroendoscopy is not negligible even in experienced hands. The majority are minor complications that do not affect the final outcome, but sporadically major events may occur, leading to significant problems in surgical management and, occasionally, to permanent disabilities. Careful selection of patients on preoperative imaging studies and intensive training of surgeons is mandatory to improve results [1].

Neuroendoscopy is a minimally invasive technique whose related complications have been focused on cortical function and surface vessels injury. However, white matter disruption has been insufficiently acknowledged.

A method using tractography and oriented models of surgical instruments allows assessing white matter transgression, both qualitatively and quantitatively, for a deep brain trajectory. Thus, this method permits to optimize safety and avoid transgression of eloquent tracts during surgical planning. Nevertheless more studies are needed [2].

Traumatic subdural hygroma after endoscopy

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1)
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