Stereotactic aspiration for basal ganglia hemorrhage evacuation

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For Kumar et al. stereotactic aspiration of the hematoma has a superior edge over craniotomy. Neurological and care parameters are significantly better with stereotactic aspiration. Its safety and surgical performance parallel craniotomy [1)]

Stereotactic Catheter Drainage (SCD) surgery is safe and effective in patients with severe hemorrhage and has fewer complications and better clinical outcomes than conventional craniotomy [2)].

Good clinical outcome can be expected after stereotactic catheter drainage in patients with a hematoma volume between 20 and 30 cm3, an initial GCS score ≥ 13, and the absence of internal capsule involvement. Among these patients, stereotactic catheter drainage may have a beneficial effect on early recovery of motor weakness and functional outcome, indicating that lateral-type basal ganglia hematoma compression not involving the internal capsule may be better treated using stereotactic catheter drainage than treated medically [3)].

1)
Kumar S, Madhariya SN, Singh D, Agrawal R, Sahana D, Mourya A. Comparison of Craniotomy and Stereotactic Aspiration Plus Thrombolysis in Isolated Capsulo-Ganglionic Hematoma: A Retrospective Analyses. Neurol India. 2022 Mar-Apr;70(2):535-542. doi: 10.4103/0028-3886.344635. PMID: 35532616.
2)
Shi J, Cai Z, Han W, Dong B, Mao Y, Cao J, Wang S, Guan W. Stereotactic Catheter Drainage Versus Conventional Craniotomy for Severe Spontaneous Intracerebral Hemorrhage in the Basal Ganglia. Cell

Transplant. 2019 May 27:963689719852302. doi: 10.1177/0963689719852302. [Epub ahead of print] PubMed PMID: 31129993.

3)

Choo YS, Chung J, Joo JY, Kim YB, Hong CK. Borderline basal ganglia hemorrhage volume: patient selection for good clinical outcome after stereotactic catheter drainage. J Neurosurg. 2016 Feb 12:1-7. [Epub ahead of print] PubMed PMID: 26871205.