## Treatment resistant depression surgery

First-line treatment includes pharmacotherapy, psychotherapy, and forms of non-invasive brain stimulation such as transcranial magnetic stimulation and electroconvulsive therapy. Patients who fail conservative therapy may be candidates for functional neuromodulatory procedures.

Initial attempts at surgical treatment for chronic depression or major depressive disorder (MDD) included nonspecific destructive surgeries such as the prefrontal leucotomy (lobotomy). After these procedures fell out of favor, more selective ablative procedures targeting the orbitofrontal cortex and the medial prefrontal cortex were attempted. Recently, DBS targets investigated for treatment of medically intractable depression include: the subcallosal cingulate gyrus, inferior thalamic peduncle, nucleus accumbens, and ventral capsule / striatum. <sup>1) 2) 3)</sup>

Several of these targets gained interest after patients undergoing DBS for OCD noted improved mood as a side effect <sup>4)</sup>. Vagus nerve stimulation (VNS) has also been explored as an option after patients receiving VNS for seizures were noted to have an improvement in depressive symptoms independent of seizure control <sup>5)</sup>

## **Deep Brain Stimulation**

see Deep Brain Stimulation for depression.

## Vagus nerve stimulation

see Vagus nerve stimulation for depression.

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## Gamma Knife subcaudate tractotomy for treatmentresistant depression

Gamma Knife subcaudate tractotomy for treatment-resistant depression and target characteristics 6).

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