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A craniotomy can be defined as a neurosurgical procedure aimed at achieving a wide cranial opening with the final purpose of performing a surgical therapeutic maneuver within the intracranial space. The current surgical technique for craniotomy is the final result of the development of the procedure since its introduction at the end of the 19th century. The very first wide cranial approach was introduced in 1889 by Wagner, and described as a 'temporary cranial resection'. This procedure could be named today as 'osteoplastic craniotomy with pedicle bone flap'. The final result of the procedural development of the craniotomy is the 'osteoplastic craniotomy with a free bone flap', used widely around the world ¹⁾.

From a historical context and perspective, cranial interventions varied from a single burr hole trephination to a larger craniectomy. Modern craniotomies are performed by connecting a series of burr holes. Although trephination is the oldest cranial surgical technique with ancient reports dating back to 2300 years, our current modern surgical technique for a craniotomy is the final cured result of the procedure introduced at the end of the 19th century by the self-educated surgeon Wilhelm Wagner. Although it was much later in the course of history that the transition from trephination to a tailored resection via craniotomy happened, ancient civilizations, such as the Incas in Peru, must have had some basic familiarity with anatomy and surgical interventions despite their rudimentary knowledge of pathology ²).

1)

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2)

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