ENDOSCOPIC CALLOSOTOMY AND HEMISPHEROTOMY

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Suretrac attachment
**FIGURE 1.** Photographs showing endoscopic approach with stereotactic CT scanning guidance. A, ventriculoport and clear plastic sheath. B, ventriculoport with 11.5-mm shaft diameter indicated and opening for 2.1-mm outer-diameter standard 39-cm stereotactic biopsy needle to pass through. C, Mikael instruments. D, rigid endoscope secured to Armand endoscopic holder, which is fixed to the Leksell stereotactic frame.

Age to the caudate nucleus or internal capsule. The Leksell frame functioned as a point of attachment for the rigid endoscope and allowed the surgeon to use both hands in a standard microsurgical manner.

Endoscopy-Assisted Interhemispheric Transcallosal Hemispherotomy: Preliminary Description of a Novel Technique
1. No need for holder/assistant
2. Bimanual dissection in standard Microsurgical fashion
ENDOSCOPE WITH MOUNTED SUCTION

Pineal Tumor Subtorcular Endoscopic

Intraventricular Transcallosal Endoscopic

Transphenoidal endoscopic
1. ANT CALLOSOTOMY

2. ANT DISCONNECTION
3 LAT DISCONNECTION

4 POST CALLOSOTOMY
Procedure (endoscopic) | No: | Age (yrs) | Duration of Surgery (hrs) | Blood loss (ml) | Hospital stay (days) |
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Corpus * Callosotomy | 8(3) | 12.2±4 | 3.8±0.6 | 75±53 | 4.8±1 |
Hemispherotomy # | 5(2) | 12.1±6 | 5.1±1 | 90±48 | 5.4±1 |

*#Microscope assisted in parenthesis;

OUTCOME
- Callosotomy 6/8 class 1 outcome at 1.78 ± 1 yr
- Hemispherotomy 4/5 class 1 outcome at 1.2 ± 0.4 yr

First Post op day after hemispherotomy
CONCLUSION

- The described endoscopic technique can be effectively used to perform corpus callosotomy and hemispherostomy through a small incision with minimized blood loss and post operative pain.