

The anterior ventriculo-cisternostomy: the pioneers' work revisited.

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There is no satisfactory medical treatment for hydrocephalus and most often surgical treatment is necessary, including shunting or endoscopic third ventriculostomy (ETV), both with their well-known advantages and drawbacks. The objective of this study is to describe a contemporary series of anterior ventriculocisternostomy. Twenty-two patients with hydrocephalus treated at two institutions between 2005 and 2009 were presented. The authors employed a technique called anterior ventriculocisternostomy to treat selected cases. This technique includes supraciliary incision, small craniotomy, and fenestration of the lamina terminalis and Liliquist membrane. Hydrocephalus was secondary to hemorrhage from arteriovenous malformation (3 cases), spontaneous subarachnoid hemorrhage (2 cases), posterior fossa tumors (4 cases), head injury (1 case), basilar aneurysm (1 case), and posterior fossa hemorrhage (1 case). Eight patients had a normal-pressure hydrocephalus syndrome and one patient a slit v