

Response to Comments on the article titled “Endoscope-assisted, minimally invasive evacuation of sub-acute/chronic epidural hematoma: novelty or paradox of Theseus?” by Ansari I et al

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Response

We thank Baldawa et al. for an insightful commentary on our article titled “Endoscope-assisted, minimally invasive evacuation of sub-acute/chronic epidural hematoma: Novelty or paradox of Theseus?” [1].

The authors, in their letter, have positively attested to and reiterated most of our observations. The letter correctly describes the fear and difficulty of managing an arterial bleeder using an endoscope with the limited corridor of access. However, we would like to emphasize that our article deals strictly with chronic/subacute epidural hematomas, where at least the active arterial bleeding has already stopped. Thus, the chances of encountering a violent bleeder are very low. Even in such a case, an immediate second burr hole or conversion to a formal craniotomy coupled with strong suction may bring the situation under control. Most of the times, the source of

bleeding is a diffuse ooze from the dura or neo-membrane that stops readily with tamponade or oxidized cellulose.

Recollections occur primarily because of inadequate hemostasis. The burr hole site hitch provides a tenting stitch and along with a negative suction drain appears to be adequate for a chronic/subacute EDH.

We agree with the author that the circumference of the hematoma rather than the thickness should be the case selection criterion. With a wider circumference and narrow thickness, chances of further stripping off of the dura from bone are also possible because of meddling of long instruments through a smaller opening.

Lastly, increasing numbers of surgeons performing this procedure would definitely refine the technique and also confirm its validity.

Author’s contribution Ishtyaque Ansari and Ishtyaque Ansari: Concept and design.

Sameer Futane: Concept and design, collection of data, collation of data, and manuscript drafting.

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Compliance with ethical standards

Conflict of interest There are no conflicts of interest.

References

1. Ansari I, Futane S, Ansari A (2016) Endoscope-assisted, minimally invasive evacuation of sub-acute/chronic epidural hematoma: Novelty or paradox of Theseus? Acta Neurochir (Wien) 158:1473–8