Endoscopic third ventriculostomy

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Dear Editor

Editor, I read the recent publication on endoscopic third ventriculostomy (EVT) by Marton et al. with a great interest [1]. Marton et al. concluded that “ETV secondary to shunt malfunction in pediatric patients has a success rate of 64%. As it is a safe and rapid treatment option even in emergency conditions, it is worth performing this procedure in previously shunted children [1].” Indeed, a similar report on the success rate of ETV was recently reported by O’Brien et al. [2]. I have some additional concerns on this report. As a retrospective report, the result might be deviated due to uncontrolled bias. The success rate in this work is not high and this might be a problem for selecting ETV as the first choice for management of the patients, especially in emergency condition. It is also

questionable whether EVT is a rapid option. There should be supportive evidence to support this conclusion. Also, there should be more information on the cost effectiveness of EVT compared to other options.

References

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