Metastatic tumor stroke
under the application of endoscopic and tubular technique

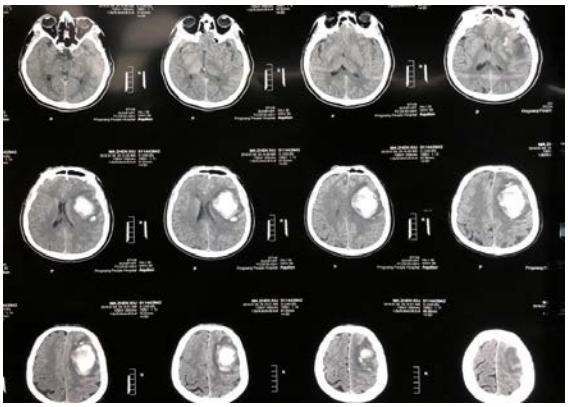
A 66-year-old male patient was admitted to hospital because of unconsciousness for 2 hours. He had a history of hypertension with aspirin. He was in shallow coma. Investigation of CT revealed a hematoma in left frontal lobe and left lung occupied lesion.

Diagnosis:
1. Hypertensive cerebral hemorrhage
2. Metastatic tumor stroke

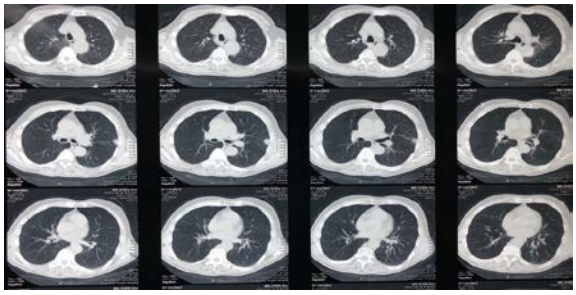
The hemorrhage is cleaned under endoscopic visualization. During the operation, tumor-like tissue was found and resected. The operation took2 hours and bleeding amount is around 100ml.

The postoperative CT investigation revealed that the hematoma was removed. The patient regained consciousness and was able to move and communicate.

Compared with conventional craniotomy with big bone window, endoscope together with CCC can provide a better solution with smaller surgical trauma, less bleeding, shorter operation time and better recovery result.

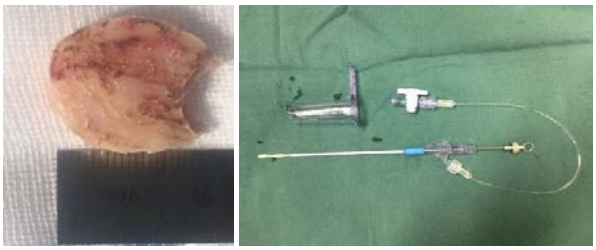


Head CT

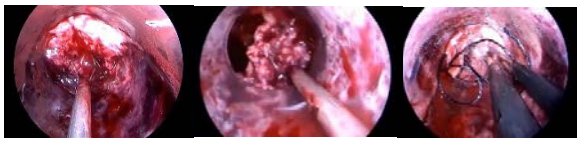


Chest CT

Small scalp incision (5 cm)

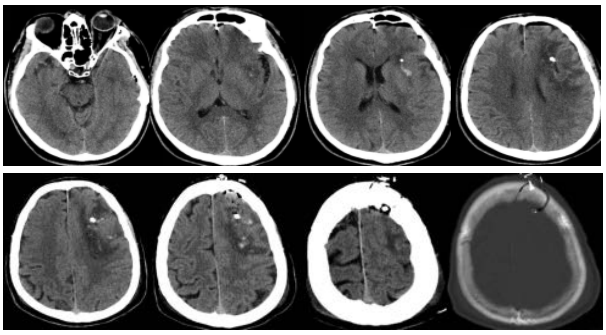


Small bone window (2cm diameter) CCC



Remove the hematoma, resect the tumor, hemostasis by bipolar coagulation forceps

Suture dura, restore bone window, suture the scalp



Postoperative CT bone window

The patient regained consciousness on the other day and able to move.