ERRATUM

Effectiveness of endoscopic surgery for supratentorial hypertensive intracerebral hemorrhage: a comparison with craniotomy

TO THE EDITOR: We committed an error while compiling a table in our recent article (Xu X, Chen X, Li F, et al: Effectiveness of endoscopic surgery for supratentorial hypertensive intracerebral hemorrhage: a comparison with craniotomy. *J Neurosurg* [epub ahead of print April 7, 2017. DOI: 10.3171/2016.10.JNS161589]). We misinterpreted the article by Chen et al.¹ and, as a consequence, misrepresented that study's data and findings in our Table 3.

In our paper we originally stated that the study by Chen et al. contained 20 patients with cerebellar hemorrhage who were treated either by endoscopy or craniotomy. We also stated that their conclusion was "no improvement in hematoma removal."¹

In actuality, Chen et al. reported a case series of 7 patients who underwent endoscopic evacuation of thalamic hemorrhage that had ruptured into the trigone of the lateral ventricle and caused acute hydrocephalus. The authors' finding in that paper was that endoscopic evacuation

improved thalamic hematoma evacuation and prevented shunt-dependent hydrocephalus.

We appreciate the opportunity to replace the original table with the one shown here. The article has been corrected online as of July 28, 2017.

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References

1. Chen CC, Lin HL, Cho DY: Endoscopic surgery for thalamic hemorrhage: a technical note. *Surg Neurol* 68:438–442, 2007

CORRESPONDING ARTICLE See pp 553–559.

INCLUDE WHEN CITING

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TABLE 3. Summary of the literature on endoscopic evacuation of ICH

Authors & Year	Study Design	Group	No. of Pts	Hemorrhage Location	Outcome
Auer et al., 1989	Prospective	Endo vs medi	100	Supratentorial only	Endo had a lower mortality rate & improved outcomes
Cho et al., 2006	Prospective	Endo vs stereo vs crani	90	Basal ganglia	Endo had improved outcome & was more cost-effective
Nishihara et al., 2007	Case-control	Endo vs stereo	47	Any	Endo resulted in better outcomes, reduced op time, & shorter ICU stay
Chen et al., 2007	Case series	Endo only	7	Thalamus	Endo improved the efficiency of thalamic hematoma evacuation & prevented shunt-dependent hydrocephalus
Nagasaka et al., 2011	Retrospective	Endo vs crani	43	Putamen, thalamus, or cerebellum	Endo resulted in a higher success rate, greater GCS score improvement, & a lower mortality rate
Kuo et al., 2011	Retrospective	Endo only	68	Supratentorial only	Endo had a good evacuation rate (mean 93%) w/ low morbidity & mortality rates
Basaldella et al., 2012	Retrospective	Endo + EVD vs EVD alone	96	Unspecified	Endoscopy + EVD did not significantly affect outcomes at 1 yr
Wang et al., 2015	Retrospective	Endo vs crani	21	Supratentorial only	Endo reduced ICU stay, but had no effect on 6-mo outcomes
Sun et al., 2016	Retrospective	Endo only	25	Supratentorial only	Augmented reality helped endoscopic surgery to achieve satisfactory hematoma removal

crani = craniotomy; endo = endoscopic evacuation; EVD = external ventricular drainage; medi = medical treatment; pts = patients; stereo = stereotactic evacuation.