



Title	Stereotactic Pallidotomy for Treatment of Parkinson's Disease
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Aim

To evaluate the effectiveness and appropriateness of stereotactic pallidotomy in treating Parkinson's disease (PD).

Conclusions and results

Six case series addressed pallidotomy without mapping and seven evaluated pallidotomy with mapping. None compared the outcomes of pallidotomy without mapping to pallidotomy with mapping. The evidence of pallidotomy with and without mapping suggested favorable clinical outcomes as measured by elimination or alleviation of dyskinesia, significant improvement in Parkinsonian signs, and higher score in activities of daily living. However, the data are insufficient to conclude that the benefits of pallidotomy in terms of safety and efficacy outweigh the risks.

Recommendations

Pallidotomy should be performed in specialized centers with expertise in neurology and neurosurgery.

Methods

Comprehensive literature searches were conducted using MEDLINE and Current Contents from 1989 through 1997. Search strategies used the term pallidotomy and the subject headings for therapeutic electrical stimulation and globus pallidus. English language studies that reported clinical outcomes for PD patients after treatment with pallidotomy were included. A comprehensive search of the peer-reviewed published literature resulted in 13 relevant case series.

Further research/reviews required

Large-scale randomized clinical trials are needed to determine the efficacy of pallidotomy.