Commentary

Postoperative subdural air collection is one of the most important risk factors of (chronic subdural hematoma (CSDH) recurrence. Martin *et al.* have described an intraoperative technique for reducing postoperative subdural air collection after CSDH surgery, which may not add excessive time to the surgery and does not need any sophisticated surgical instrument.^[1] Although the relative effectiveness of this technical nuance must be clarified in a well-powered randomized trial, it seems that it may work properly.

One of the main limitations of the described technique is the undesired placement of the drains, without awareness of the surgeon. The authors have proposed using an endoscope for this limitation, which may not be available ubiquitously. Use of intraoperative skull X-ray to check the amount of intracranial air after drain placement may be a justified, inexpensive solution, which is much more available than an endoscope in operative suites. Skull X-rays can detect as less as 2 mL of intracranial air.^[2]

With a recurrence rate of up to 32%, CSDH is not an actually “solved” neurosurgical condition. The solution may not be to try to reduce it greatly with a big step; instead, multiple small steps may make sense. The newly described technique (if passes the trials) may be one of the steps.

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