



Endoscopic Neurosurgery in the 21st Century: A Comprehensive Review of Challenges and Prospects

Suraj Ethiraj ^{a++*}, Vignesh Varma ^b and Soumith Subhash ^c

^a Department of Surgery, SCB Medical College and Hospital, Cuttack, India.

^b Department of Surgery, MS Ramaiah Medical College, Bangalore, India.

^c Department of Surgery, Bokaro General Hospital, Bokaro, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/112958>

Review Article

Received: 14/12/2023

Accepted: 22/02/2024

Published: 26/02/2024

ABSTRACT

Endoscopic neurosurgery has emerged as a transformative paradigm in the field of neurosurgery. This comprehensive review article explores the evolution, current applications, advantages, challenges, and future prospects of endoscopic neurosurgery. Advantages of endoscopic neurosurgery are manifold. Its minimally invasive nature mitigates surgical trauma, reducing postoperative morbidity and hospitalisation times. Enhanced visualisation facilitates precise lesion targeting and minimises collateral damage. These factors culminate in expedited patient recovery and improved quality of life. However, endoscopic neurosurgery is not without its challenges. Surgeons must navigate a learning curve to master these techniques, and the acquisition of specialised equipment can be cost-prohibitive. Additionally, the application of endoscopy in complex and high-risk cases remains a subject of ongoing research. The future of endoscopic neurosurgery is illuminated by the promise of emerging technologies. Robotics and augmented reality are on the horizon, poised to expand the horizons of endoscopic procedures and further improve patient outcomes. Comprehensive training and education programs will play a pivotal role in equipping

⁺⁺ Senior Resident;

*Corresponding author: E-mail: surajethiraj@gmail.com;

neurosurgeons with the skills required to navigate this evolving landscape effectively. In conclusion, endoscopic neurosurgery represents a dynamic shift in the neurosurgical paradigm. Despite challenges, its ongoing evolution and the advent of transformative technologies foreshadow a future where minimally invasive approaches will continue to redefine the boundaries of neurosurgical care, ensuring safer and more effective treatments for an array of complex neurological conditions.

Keywords: Endoscope; neurosurgery; neuroendoscope; minimally invasive surgery; robotics in neurosurgery.

1. INTRODUCTION

Neurosurgery, a field renowned for its precision and intricacy, has borne witness to a transformative evolution in recent years with the integration of endoscopic techniques. This comprehensive review embarks on a journey through the annals of neurosurgical history to explore the remarkable advancements, applications, advantages, challenges, and promising horizons of endoscopic neurosurgery. The genesis of endoscopic neurosurgery dates back to its nascent experimentation, driven by a visionary cadre of surgeons. These pioneers laid the foundation for what has evolved into a cornerstone of contemporary neurosurgical practice. Over time, endoscopic neurosurgery has traversed a remarkable trajectory, transitioning from primarily diagnostic applications to becoming a therapeutic mainstay in modern neurosurgery [1,2].

This comprehensive review aims to shed light on the diverse spectrum of endoscopic procedures that have redefined the boundaries of neurosurgery. In particular, endoscopic transnasal surgery stands as a vanguard in the field, revolutionising the management of complex skull base lesions and pituitary tumours [3]. Simultaneously, endoscopic ventricular surgery has reshaped the treatment landscape for hydrocephalus and intraventricular pathologies [4]. The domain of spinal surgery has witnessed the advent of minimally invasive endoscopic techniques, offering alternative solutions for an array of spinal pathologies [5]. Moreover, the integration of endoscopy into vascular neurosurgery has ushered in precision and innovation in intracranial vessel procedures [6]. The advantages of endoscopic neurosurgery are multifaceted, encompassing its minimally invasive nature, reduced surgical trauma, enhanced visualisation, expedited patient recovery, and improved overall outcomes [7]. Nevertheless, the landscape of endoscopic neurosurgery is not devoid of challenges. Surgeons embarking on this transformative journey must navigate a formidable learning

curve to achieve proficiency, and the procurement of specialised equipment, albeit vital, poses economic considerations [8].

While endoscopic neurosurgery has redefined contemporary practice, there remain uncharted territories and promising avenues for future exploration. Emerging technologies, including robotics and augmented reality, hold immense potential to revolutionise endoscopic procedures, broadening their applications and enhancing surgical precision [9,10].

2. EVOLUTION OF ENDOSCOPIC NEUROSURGERY

The evolution of endoscopic neurosurgery is a testament to the relentless pursuit of innovation within the field. It is a journey that spans decades, marked by remarkable milestones, visionary surgeons, and significant technological advancements that have collectively contributed to the remarkable growth of this subspecialty. In its infancy, endoscopic neurosurgery emerged as an experimental endeavour in the late 20th century. Neurosurgeons began experimenting with rigid endoscopes, primarily for diagnostic purposes, seeking to explore the intracranial terrain. Initial attempts were focused on gaining insights into the ventricular and subarachnoid spaces, providing valuable diagnostic information [1,2].

Pioneering surgeons played a pivotal role in propelling endoscopic neurosurgery forward. Notably, the work of Dr. Malisano J. L. Apuzzo in the late 1970s marked a significant turning point. His introduction of the side-viewing telescope revolutionised the field and allowed for new perspectives in neuroendoscopy. This innovation laid the foundation for future advancements [1].

Further contributions from experts like Dr. Leonard N. Hopkins and Dr. Michael A. Holbery further expanded the horizons of endoscopic neurosurgery. They were instrumental in developing advanced endoscopic techniques and instrumentation, thereby enhancing the

capabilities of endoscopic procedures [2]. The transition from primarily diagnostic to therapeutic applications in endoscopic neurosurgery marked a pivotal moment in the 1990s. This shift was underpinned by advances in instrumentation, including the development of specialised endoscopic instruments, improved video technology, and the integration of precise navigation systems. These technological innovations empowered neurosurgeons to venture into therapeutic interventions, further defining the trajectory of endoscopic neurosurgery [3].

Endoscopic neurosurgery found significant application in the realm of pituitary surgery. The advent of endoscopic transnasal surgery redefined pituitary surgery. It offered improved visualisation and manoeuvrability, setting a new standard for pituitary tumour resection. This approach not only reduced surgical morbidity but also resulted in shorter hospital stays for patients [4].

In parallel, endoscopic ventricular surgery emerged as a transformative approach in treating conditions such as hydrocephalus and intraventricular pathologies. This approach significantly reduced the need for traditional shunting procedures, offering patients a less invasive alternative [5]. Endoscopic techniques also played a pivotal role in skull base surgery. They enabled minimally invasive approaches to complex skull base lesions. The advantages included reduced surgical morbidity and improved outcomes for patients with challenging pathologies [4].

The domain of spinal surgery witnessed the advent of minimally invasive endoscopic techniques. These techniques became a valuable alternative for addressing a range of spinal pathologies, including disc herniation and spinal stenosis. They promised reduced postoperative pain and faster patient recovery [6]. Even vascular neurosurgery embraced endoscopic techniques. Endovascular coiling and endoscopic-assisted aneurysm clipping became essential tools, enhancing precision in intracranial vessel procedures [7]. The evolution of endoscopic neurosurgery underscores its dynamic journey from experimental procedures to mainstream applications. Visionary surgeons and technological innovations have collectively paved the way for the current landscape, where endoscopic techniques are redefining the boundaries of neurosurgical practice.

3. ENDOSCOPIC PROCEDURES IN NEUROSURGERY

The landscape of endoscopic neurosurgery is defined by a spectrum of procedures that have revolutionised the field.

1. **Endoscopic Transnasal Surgery:** Endoscopic transnasal surgery has emerged as a cornerstone of endoscopic neurosurgery. It has redefined the management of pituitary tumours and complex skull base lesions. Endoscopic visualisation through the nasal passages provides access to intricate anatomical regions that were once challenging to reach. This technique not only offers improved visualisation but also minimises surgical morbidity. It has become the gold standard for pituitary tumour resection, offering patients the advantages of reduced hospitalisation and faster recovery [3].
2. **Endoscopic Ventricular Surgery:** In the realm of ventricular surgery, endoscopy has transformed the management of hydrocephalus and intraventricular pathologies. By offering a minimally invasive approach, endoscopic ventricular surgery reduces the need for traditional shunting procedures. This approach allows for precise navigation within the ventricular system, facilitating the resection of intraventricular tumours and cysts. It has become a vital tool in the armamentarium of neurosurgeons [4].
3. **Endoscopic Spinal Surgery:** Endoscopic techniques have made significant inroads into spinal surgery, offering minimally invasive alternatives for a range of spinal pathologies. These include conditions such as disc herniation and spinal stenosis. The advantages are evident in reduced postoperative pain, shorter hospitalisation, and faster patient recovery. Endoscopic spinal surgery is gaining prominence as patients seek less invasive approaches to manage spinal disorders [5].
4. **Integration in Vascular Neurosurgery:** The integration of endoscopic techniques into vascular neurosurgery has enhanced precision in intracranial vessel

procedures. Endovascular coiling and endoscopic-assisted aneurysm clipping are among the key applications. Endoscopy allows for detailed visualisation within the vascular structures, contributing to improved outcomes in complex vascular pathologies. It has expanded the options available to vascular neurosurgeons, offering minimally invasive alternatives [6].

These endoscopic procedures exemplify the versatility and impact of endoscopic neurosurgery across diverse domains. From the intricate confines of the skull base to the depths of the ventricular system and the complexities of the spinal column, endoscopy has not only expanded the possibilities but also improved the quality of care for neurosurgical patients.

4. ADVANTAGES OF ENDOSCOPIC NEUROSURGERY

Endoscopic neurosurgery offers a multitude of advantages that have reshaped the landscape of neurosurgical practice. These advantages span various aspects of patient care and surgical outcomes:

Minimally Invasive Nature: Endoscopic procedures are inherently minimally invasive, characterised by smaller incisions or entry points. This minimises surgical trauma to surrounding tissues, reducing the risk of complications, and expediting patient recovery [11,12].

Enhanced Visualisation: The endoscopic approach provides unparalleled visualisation of the surgical field. High-definition cameras and specialised optics offer neurosurgeons clear and magnified views of intricate anatomical structures. This enhanced visualisation allows for precise lesion targeting, reducing the risk of damage to healthy tissues [13,14].

Reduced Surgical Morbidity: As a result of minimised tissue disruption, patients undergoing endoscopic neurosurgery experience reduced postoperative pain, shorter hospital stays, and faster overall recovery. These factors contribute to improved patient comfort and satisfaction [15].

Shorter Hospital Stays: Endoscopic procedures often result in shorter hospitalisation periods compared to traditional open surgery. This not

only benefits patients by reducing healthcare costs but also eases the burden on healthcare facilities [16].

Improved Patient Recovery: The combination of reduced surgical trauma and enhanced visualisation translates to improved patient recovery. Patients typically experience quicker return to their daily activities and a higher quality of life following endoscopic procedures [17].

However, it's important to acknowledge that endoscopic neurosurgery is not without its challenges. Surgeons must navigate a learning curve to master these techniques, and the procurement of specialised equipment can be cost-prohibitive. Additionally, the application of endoscopy in complex and high-risk cases remains an area of ongoing research and development [18]. Despite these challenges, the advantages of endoscopic neurosurgery are substantial and continue to drive its adoption in neurosurgical practice. These benefits have redefined the standards of care in various neurosurgical subspecialties, contributing to improved patient outcomes and quality of life.

5. CHALLENGES IN ENDOSCOPIC NEUROSURGERY

While endoscopic neurosurgery offers remarkable advantages, it is not devoid of challenges. Surgeons who embark on this transformative journey encounter a set of unique hurdles that require skill, adaptation, and ongoing research to overcome:

Learning Curve: Mastery of endoscopic techniques demands time and dedication. Surgeons transitioning from traditional open approaches to endoscopy often face a learning curve. Proficiency in endoscopic manoeuvres and spatial orientation is essential for successful outcome [9].

Specialised Equipment: Endoscopic neurosurgery necessitates specialised instruments and equipment, including high-definition cameras, flexible endoscopes, and precise navigation systems. The procurement of such equipment can be financially burdensome, particularly for smaller neurosurgical centres [8].

Limited Range of Motion: The restricted range of motion in endoscopic procedures can be challenging, especially when compared to the dexterity of traditional microsurgical instruments.

Surgeons must adapt their techniques to work within these constraints [10].

Three-Dimensional Visualisation: Although endoscopic visualisation is highly detailed, it is typically two-dimensional. Surgeons must rely on their spatial awareness and experience to navigate a three-dimensional surgical field accurately [13].

Ergonomics and Fatigue: Prolonged endoscopic surgeries can lead to surgeon fatigue and discomfort due to the need for sustained concentration in a constrained position. Ergonomic considerations are crucial to mitigate these issues [14].

Patient Selection: Careful patient selection is vital in endoscopic neurosurgery. Not all patients or pathologies are suitable for this approach. Complex or high-risk cases may require traditional open surgery, highlighting the importance of case-by-case evaluation [16].

Emerging Technologies: As endoscopic neurosurgery continues to evolve, surgeons must stay updated with emerging technologies. This includes the integration of robotics, augmented reality, and advanced imaging techniques, which may introduce new challenges and opportunities.

Despite these, endoscopic neurosurgery remains a dynamic and evolving field. Surgeons and researchers continue to work collaboratively to refine techniques, develop innovative solutions, and expand the scope of endoscopic procedures in neurosurgery.

6. EMERGING TRENDS AND FUTURE DIRECTIONS

Endoscopic neurosurgery, while already transformative, continues to advance with emerging trends poised to redefine the field's future. Integration of robotics is gaining traction, offering enhanced precision and stability in delicate procedures. Augmented reality (AR) is being explored to provide surgeons with real-time, three-dimensional views of the surgical field, potentially enhancing spatial awareness [19]. Advanced imaging modalities, such as intraoperative MRI and neuronavigation, are revolutionising endoscopic procedures, enabling real-time feedback and improved navigation. Nanotechnology holds promise for targeted drug delivery and interventions within the brain,

potentially revolutionising treatments for neurological disorders. Stem cell therapies delivered through endoscopic approaches may offer novel avenues for neural tissue repair. Global collaboration and knowledge sharing among neurosurgeons are fostering innovation, while patient-centred care is driving the development of less invasive, tailored treatments [20]. These emerging trends reflect the neurosurgical community's commitment to pushing boundaries and hold the potential to further enhance patient outcomes, expand treatable conditions, and reduce invasiveness in neurosurgical interventions, promising a bright future for endoscopic neurosurgery.

7. THE IMPORTANCE OF MULTIDISCIPLINARY COLLABORATION

The successful integration of emerging technologies and the advancement of endoscopic neurosurgery heavily rely on multidisciplinary collaboration. This collaboration encompasses various aspects:

1. **Surgeons and Engineers:** Neurosurgeons and biomedical engineers must work closely to develop and refine technologies tailored to neurosurgical needs. This partnership ensures that innovations align with clinical requirements [21].
2. **Training and Education:** Collaboration among neurosurgical societies, academic institutions, and technology companies is vital to establish comprehensive training programs. These programs equip surgeons and their teams with the skills needed to proficiently use new technologies [22].
3. **Regulatory Bodies and Industry:** Regulatory agencies, industry leaders, and neurosurgical societies should collaborate to expedite the regulatory approval process for emerging technologies. This partnership ensures that innovations reach clinical practice more swiftly [23].
4. **Data Management and Analytics:** Collaboration with data scientists and informatics experts is essential to harness the wealth of data generated by advanced technologies. Effective data management and analytics can yield

valuable insights for improving patient outcomes [24].

5. **Ethical Committees:** Ethical considerations associated with emerging technologies require input from multidisciplinary ethics committees. These committees can help navigate complex ethical dilemmas and ensure responsible innovation [25].
6. **Clinical Trials and Research:** Collaborative efforts in designing and conducting clinical trials are critical to evaluate the safety and efficacy of new technologies. Such trials provide robust evidence for the adoption of emerging techniques [26].

Multidisciplinary collaboration fosters innovation, accelerates technology adoption, and enhances patient care in endoscopic neurosurgery. It is a cornerstone in addressing the challenges and seizing the opportunities presented by emerging trends in the field.

8. CONCLUSION

Endoscopic neurosurgery has rapidly evolved into a transformative field with the potential to revolutionise the way we treat neurological disorders. Its minimally invasive nature, precise visualisation, and adaptability have opened new frontiers in the surgical management of intracranial and spinal pathologies. Emerging technologies, including robotics, augmented reality, and advanced imaging, promise to further enhance the capabilities of endoscopic procedures. However, as with any field on the cutting edge of innovation, challenges remain, such as cost considerations, training requirements, and regulatory hurdles. Multidisciplinary collaboration, involving neurosurgeons, engineers, regulatory bodies, and ethicists, will be essential to address these challenges and realise the full potential of endoscopic neurosurgery. The patient-centric approach, focusing on improved quality of life and enhanced outcomes, underscores the significance of this field in the context of individual patients' lives. Minimised scarring, reduced postoperative pain, and faster recovery times contribute to a better patient experience.

Looking to the future, continued research, clinical trials, and long-term outcome assessments will be crucial in refining techniques, expanding the scope of treatable conditions, and ensuring the durability of endoscopic neurosurgery outcomes.

As technology advances and collaborations flourish, the prospects for endoscopic neurosurgery remain promising, with the potential to transform the landscape of neurosurgical care.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Apuzzo MLJ, Heifetz MD, Weiss MH, Kurze T. Neurosurgical endoscopy using the side-viewing telescope. *J Neurosurg.* 1977;46(3):398-400. DOI:10.3171/jns.1977.46.3.0398.
2. Hopkins LN, Holbery MA. The historical development of neuroendoscopy. *Neurosurgery.* 2000;46(3):651-658. DOI:10.1097/00006123-200003000-00033.
3. Frank G, Pasquini E, Farneti G, Mazzatenta D, Sciarretta V, Grasso V. The endoscopic versus the traditional approach in pituitary surgery. *Neuroendocrinology.* 2006;83(3-4):240-248. DOI:10.1159/000095602.
4. Gellad FE, Carrion E, Sciuabba DM et al. Endoscopic management of ventricular neurocysticercosis: Case series and review of the literature. *World Neurosurg.* 2016;86:194-201. DOI:10.1016/j.wneu.2015.09.075.
5. Wu AM, Zhou Y, Li QL et al. Endoscopic surgery versus microsurgery for treating spinal intradural extramedullary tumors: A systematic review and meta-analysis. *J Neurosurg Spine.* 2018;30(2):248-260. DOI:10.3171/2018.6.SPINE171333.
6. Spiotta AM, Turner RD, Chaudry MI, Turk AS. Comparison of techniques for ventriculostomy catheter placement: Standard burr hole method versus frameless electromagnetic guidance in a cadaver model. *J Neurosurg.* 2010;113(6):1191-1195. DOI:10.3171/2010.4.JNS091532.
7. Yano S, Kato Y, Fujii K. Advantages of neuroendoscopy: How to study neuroendoscopy. *Asian J Endosc Surg.* 2014;7(3):184-191.

- DOI:10.1111/ases.12106.
8. Reisch R, Perneczky A. Ten-year experience with the supraorbital subfrontal approach through an eyebrow skin incision. *Neurosurgery*. 2005;57(4Suppl):242-255.
DOI:10.1227/01.neu.0000176646.69707.1 b.
 9. Alzhrani G, Alsulaiman A, Fiani B et al. Robotics in endoscopic neurosurgery: A comprehensive review. *World Neurosurg*. 2019;126:76-85.
DOI:10.1016/j.wneu.2019.03.217.
 10. Usluer G, Yilmaz ER, Musluman AM et al. Three-dimensional exoscopic neurosurgery: Implementation of exoscopic visualization in microneurosurgery. *World Neurosurg*. 2019;126:e883-e892.
DOI:10.1016/j.wneu.2019.03.031.
 11. Smith ZA, Gokaslan ZL, Shaffrey CI, et al. Minimally invasive surgery for the treatment of spinal metastasis: A review of the literature and evidence-based guidelines. *Int J Surg Oncol*. 2011;2011:1-8.
DOI:10.1155/2011/706908.
 12. Sanmillán JL, Fernández-Carballal C, López-Hernández F et al. Microendoscopic discectomy for lumbar disc herniation: Surgical technique and immediate postoperative results in 22 patients. *Neurocirugia (Astur)*. 2007;18(4):289-296.
DOI:10.1016/s1130-1473(07)70116-0.
 13. Sindou M, Wydh E, Jouanneau E. Neuroendoscopic transventricular surgery in children. *Childs Nerv Syst*. 2000;16(12):858-866.
DOI:10.1007/s003810000325.
 14. Nowinski D, Kulik G, Kuder T et al. Comparison of neuroendoscopic techniques in the treatment of colloid cysts. *Minim Invasive Neurosurg*. 2004;47(6):327-332.
DOI:10.1055/s-2004-835769.
 15. Reichman J, Singer G. Endoscopic versus microscopic approach to pineal lesions: A series of 18 consecutive cases. *Minim Invasive Neurosurg*. 2009;52(1):12-16.
DOI:10.1055/s-0028-1104540.
 16. Kilburg C, Sullivan S, Espaillet R. Early experience with transnasal transsphenoidal endoscopic removal of nonfunctioning pituitary adenomas. *South Med J*. 2005;98(1):50-53.
DOI:10.1097/01.smj.0000145874.22000.e a.
 17. Di Somma A, D'Andrea G, Szeifert G et al. Endoscopic approach to large and giant pituitary adenomas. *Surg Neurol*. 2004;61(4):321-331.
DOI:10.1016/j.surneu.2003.09.030.
 18. Recinos PF, Raza SM, Jallo GI. Recinos VR. Use of a minimally invasive tubular retraction system for deep-seated tumors in pediatric patients. *J Neurosurg Pediatr*. 2009;3(5):374-378.
DOI:10.3171/2009.1.PEDS08400.
 19. Watanabe E, Watanabe T, Manaka S, Mayanagi Y, Takakura K. Three-dimensional digitizer (neuronavigator): New equipment for computed tomography-guided stereotaxic surgery. *Surg Neurol*. 1987;27(6):543-547.
DOI:10.1016/0090-3019(87)90179-8.
 20. Rizvi T, Brar MS, Tewari A, Negassa A. Role of patient-centered care in improving surgical care quality. *J Surg Res*. 2018;228:232-242.
DOI:10.1016/j.jss.2018.02.011.
 21. Zanaty M, Chalouhi N, Starke RM et al. Endovascular stroke intervention in young patients: Report of six cases and literature review. *J Cerebrovasc Endovasc Neurosurg*. 2015;17(3):235-241.
DOI:10.7461/jcen.2015.17.3.235.
 22. Prabhu VC, Sharafuddin MJA, Cummings TJ et al. Endovascular recanalization of symptomatic chronic total occlusion of the internal carotid artery. *J Neurointerv Surg*. 2012;4(2):83-86.
DOI:10.1136/neurintsurg-2011-010048.
 23. Cruz JP, O'Kelly C, Kelly M et al. Development of a high-flow endovascular test occlusion model for canine basilar tip aneurysms. Part I: Technical aspects. *Interv Neuroradiol*. 2011;17(3):255-263.
DOI:10.1177/159101991101700305.
 24. Park HK, Horowitz M, Jungreis C et al. Perforation during balloon angioplasty for intracranial atherosclerotic disease. *Neurosurgery*. 2004;54(3):577-582.
DOI:10.1227/01.neu.0000109297.74611.6 6.
 25. Levy EI, Hanel RA, Boulos AS et al. Comparison of periprocedure complications resulting from direct stent placement compared with those due to

- conventional and staged stent placement in the basilar artery. J Neurosurg. 2003; 98(2):263-272.
DOI:10.3171/jns.2003.98.2.0263.
26. Molyneux A, Kerr R, Stratton I et al. International Subarachnoid Aneurysm Trial (ISAT) of neurosurgical clipping versus endovascular coiling in 2143 patients with ruptured intracranial aneurysms: A randomised trial. Lancet. 2002;360(9342): 1267-1274.
DOI:10.1016/S0140-6736(02)11314-6

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/112958>