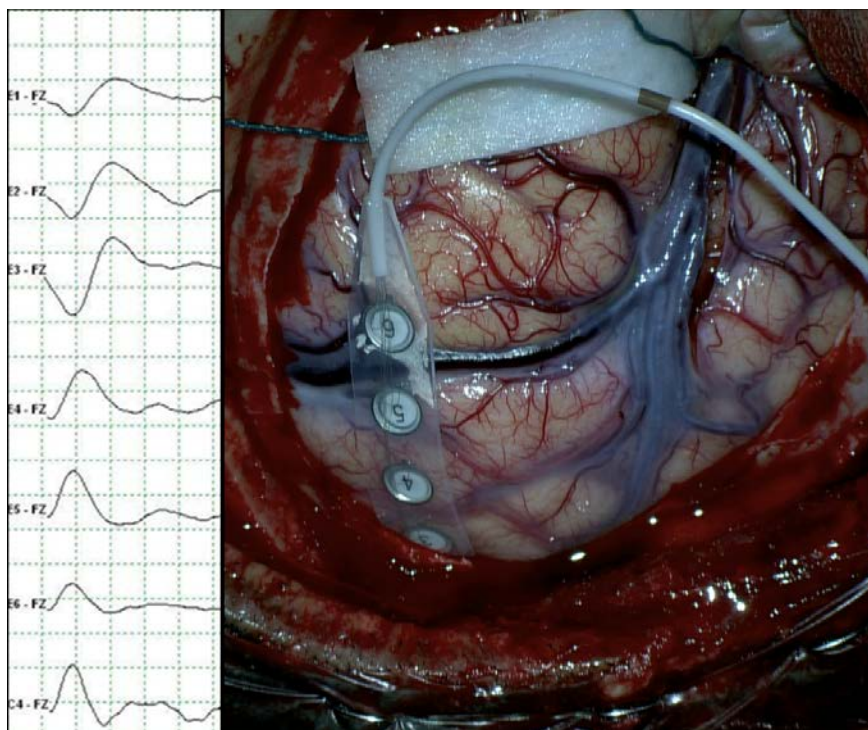
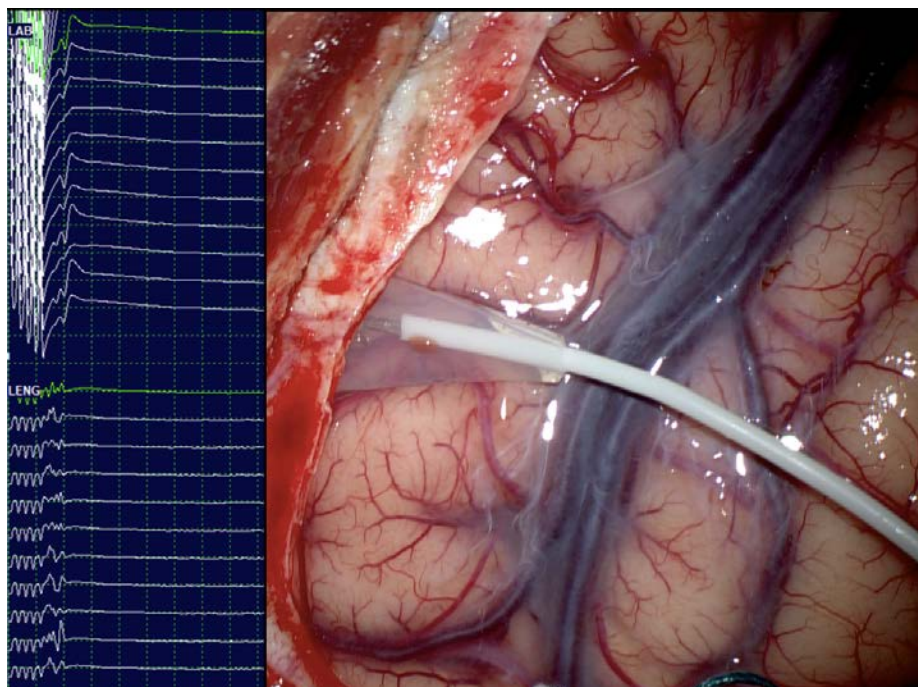




OR views, in which the patient is centered and surrounded by the anesthetist space and the neurophysiologist equipment. Picture of electrode placement to elicit transcranial electrical stimulation motor-evoked potentials and detect the SEPs.

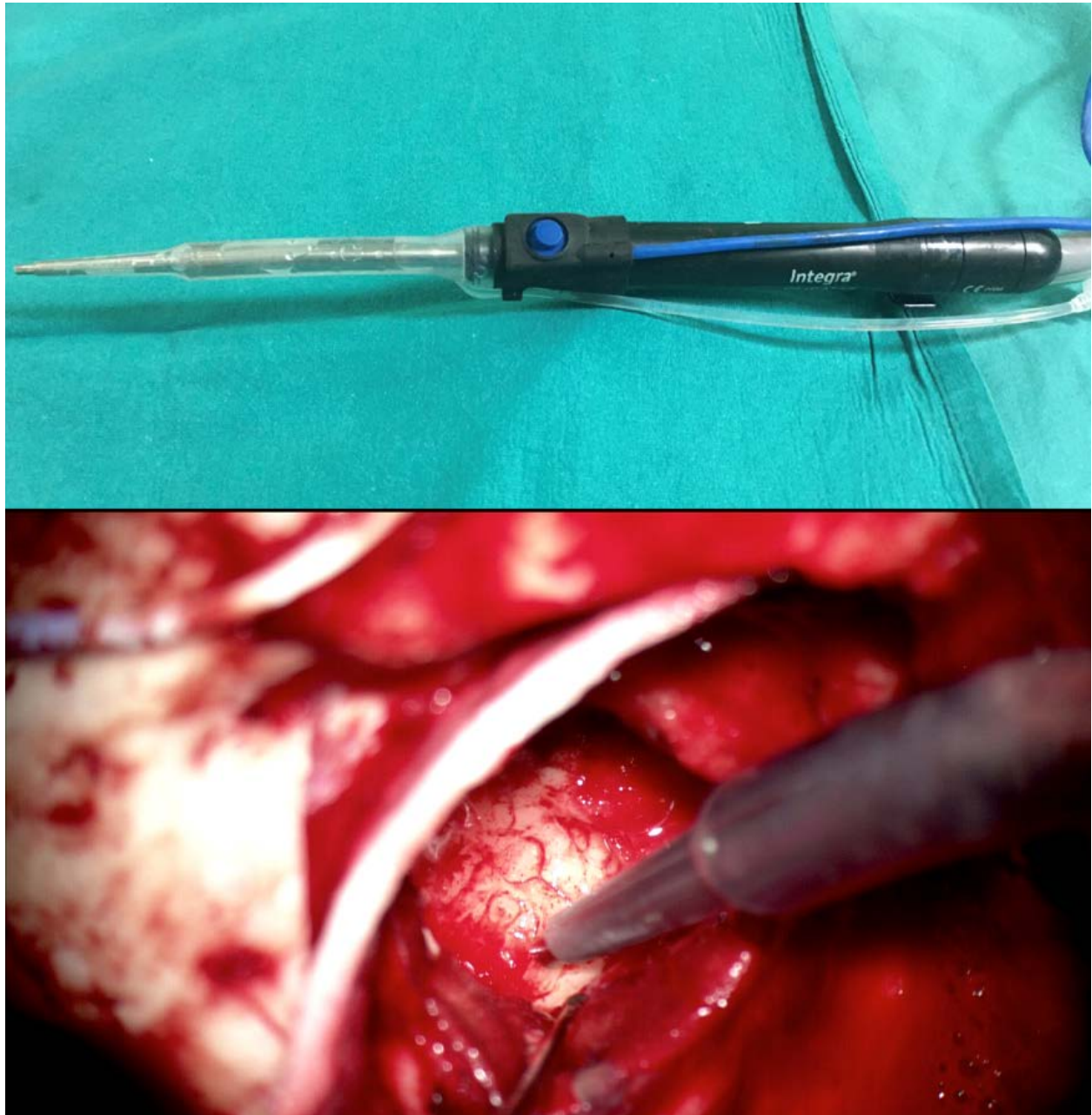


Phase reversal of SEP technique. N20 wave technique results showing the phase reversal between the electrodes 3 and 4, showing the relative location of the central sulcus (*left*). Intraoperative picture showing the display of the electrodes over the exposed cortex. The grid is placed partially perpendicular to the pre- and postcentral gyri. There is a Trolard vein running on the precentral sulcus between electrodes 5 and 6, whereas the central sulcus is slightly posterior.

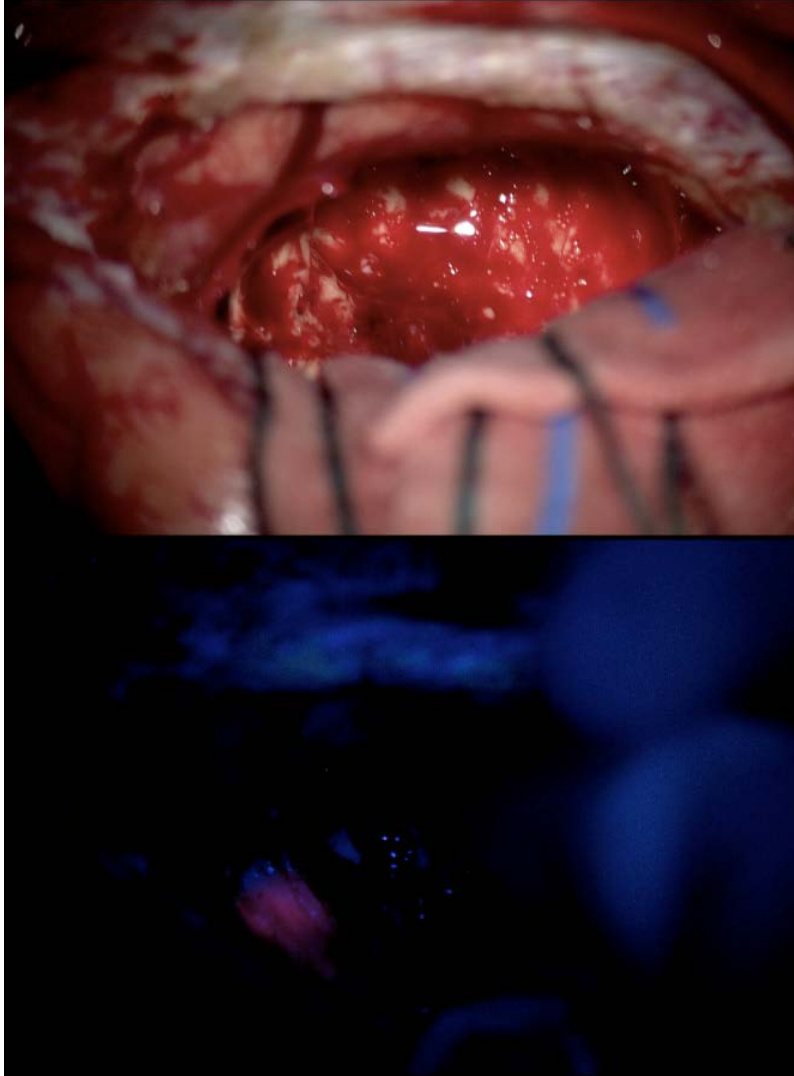




Motor-evoked potential responses. The green line represents the initial response. It is of great importance to perform a first test before doing any kind of surgical maneuver. This fact will allow us to continuously test the corticospinal tract having a baseline response (*left*). The intraoperative picture shows how we place the electrodes below the dura along the primary motor area. Once we get a good response, we try to fix it on a single position to avoid its displacement during surgery (*right*).



CUSA stimulator device. A blue button is displayed on its handle. Pressing it will switch the subcortical stimulation on through its tip.



5-ALA-guided surgery. Intraoperative pictures of the surgical cavity with (*bottom*) and without (*top*) fluorescent light. A small area of fluorescent tissue is shown in the depth of the surgical cavity, probably demonstrating some tumor remnant. Without fluorescent, identifying this possible remnant is much difficult.