Solanki et al. present a technique for the persistent external drainage of intractable subdiaphragmatic cystic recurrences with the creation of a fistula between the cyst wall epithelium and epithelium on the nasal cavity, using a pedicled nasoseptal flap as a conduit. The long-term efficacy of endoscopic transnasal external fistulation (ETEF) in controlling cystic recurrences in this patient group is addressed through a retrospective observational review of 3 male patients aged 8, 22, and 45 years with the diagnosis of recurrent cystic subdiaphragmatic craniopharyngioma who underwent the ETEF procedure between 2006 and 2009. Clinical presentation, neuroimaging, surgical interventions, and follow-up were recorded. The main outcome measure was cyst reaccumulation on MRI. Patients had a mean follow-up of 76 months (range 5-8 years) with no incidence of cystic recurrence. Follow-up imaging revealed sustained cyst involution contrary to the usual recurrent enlargement commonly seen in this patient group. Symptoms of headache and visual field defects improved post-ETEF. Long-term theoretical complications of a persistent fistula such as intracranial abscess, meningitis, or cerebrospinal fluid leak were not observed. ETEF promotes nasalization of cystic recurrences in subdiaphragmatic craniopharyngioma. It is safe and effective, causing long-term involution of cysts and can be considered a definitive procedure.