

# Suboccipital Craniectomy and C1-C2 Laminectomies for Resection of Calcified Intradural-Extramedullary Meningioma with Arterial Encasement of PICA

Kara A. Parikh MD <sup>1</sup>, Alexandra H. Kramer BS<sup>2</sup>, Emal Lesha MD<sup>1</sup>, Nickalus R. Khan MD<sup>1,3</sup>

<sup>1</sup> Department of Neurosurgery, University of Tennessee Health Science Center, Memphis, TN

<sup>2</sup> College of Medicine, University of Tennessee Health Science Center, Memphis, TN

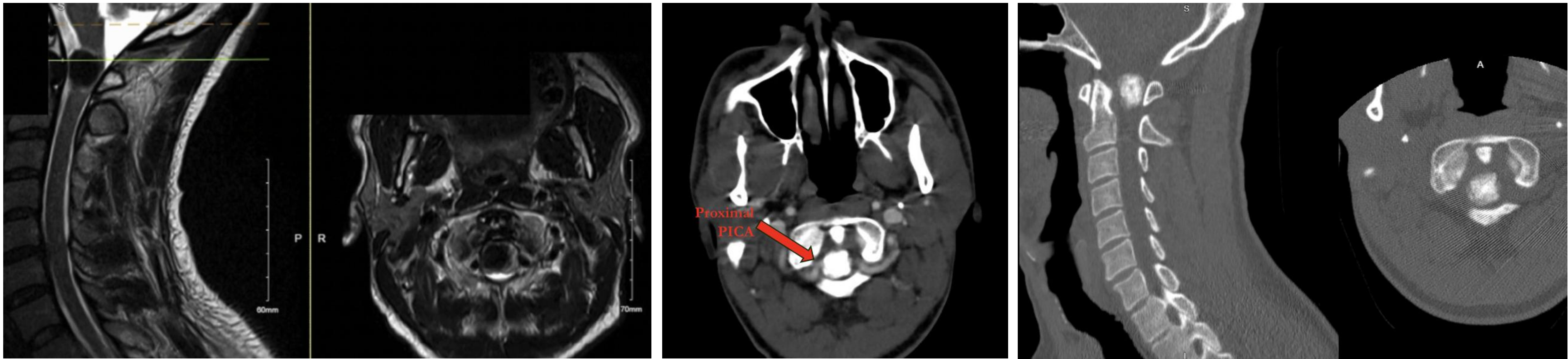
<sup>3</sup> Semmes Murphey Neurologic & Spine Institute, Memphis, TN, USA



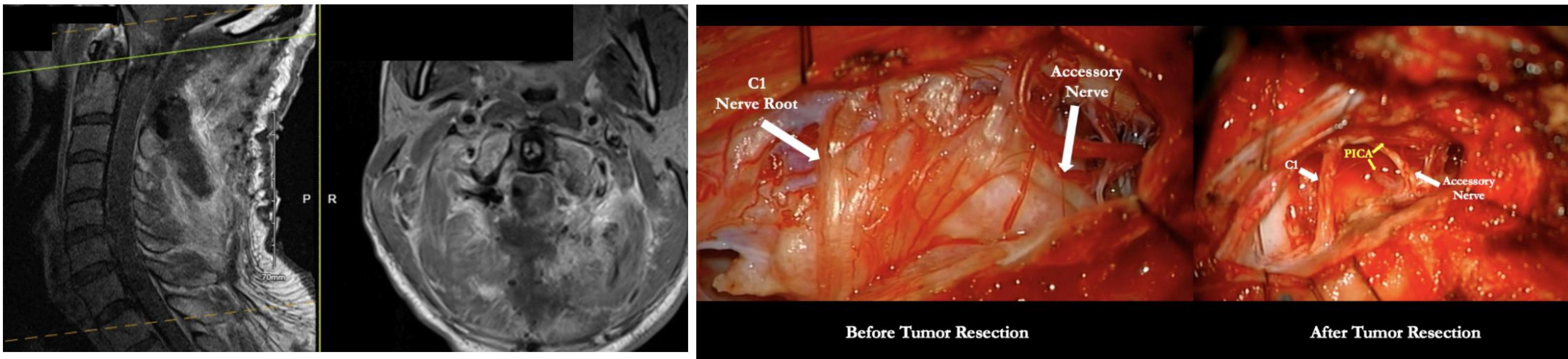
## Abstract

A 40-year-old male who presented with significant right upper and lower extremity weakness, with numbness in the right upper and lower extremities. He was found to have a large, calcified intradural, extramedullary lesion at C1-2 with arterial encasement of the right PICA. In order to prevent progression of symptomatic cervical cord compression, the patient underwent a suboccipital craniectomy and C1-2 laminectomies for resection of the mass. Gross total resection of the mass was observed on postoperative imaging, with patency of PICA confirmed with intraoperative ICG.

## Preoperative Imaging



## Postoperative Imaging and Results

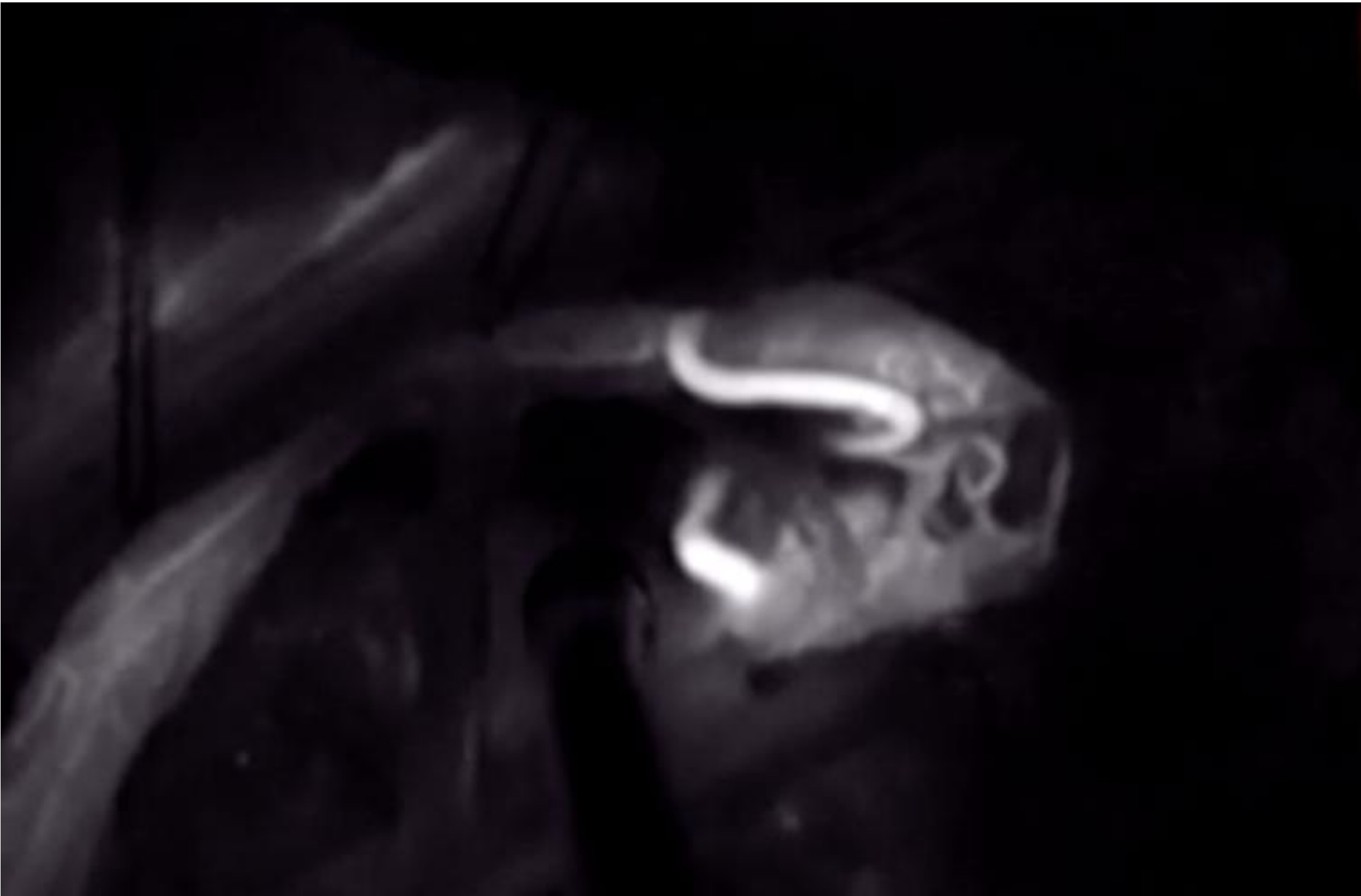


## Technical Considerations

- Preservation of encased PICA with sharp dissection
- Use of ultrasonic aspirator to debulk calcified tumor
- Allows minimization of manipulation of the surrounding cord

## Disease Background

- Spinal cord meningiomas comprise 3% of primary CNS tumors<sup>1</sup>
- Most prevalent adult intradural, extramedullary tumor<sup>2</sup>
- Least common location for meningiomas<sup>2</sup>
- Account for 1%-13% of all meningiomas<sup>3</sup>
- Typically present with symptoms of cord compression<sup>4</sup> or back pain<sup>5</sup>
- Calcification is inversely related to extent of resection<sup>6,7</sup>, postoperative complications and neurological outcome<sup>8</sup>



Intraoperative ICG showing patent PICA following tumor resection

## Clinical Outcome

- Discharged home on POD#9
- Significantly improved motor exam at 6 month clinic follow-up

## Contact

Kara Parikh  
University of Tennessee/Semmes Murphey Clinic  
kparikh3@uthsc.edu

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