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Case Presentation

The trans-eyelid transorbital approach offers a minimally invasive corridor to the middle cranial fossa, reducing or eliminating the need for brain retraction. We describe the case of a 79-year-old female who presented with headache and was found on MRI to have a middle cranial fossa meningioma associated with extensive peritumoral edema. An exoscopic robotic trans-eyelid transorbital approach was performed. Postoperative MRI demonstrated complete resection with near-resolution of the peritumoral edema. Histopathological examination confirmed a WHO grade I meningioma. The patient's postoperative course was unremarkable, and she was discharged within 24 hours of surgery without new neurological deficits.

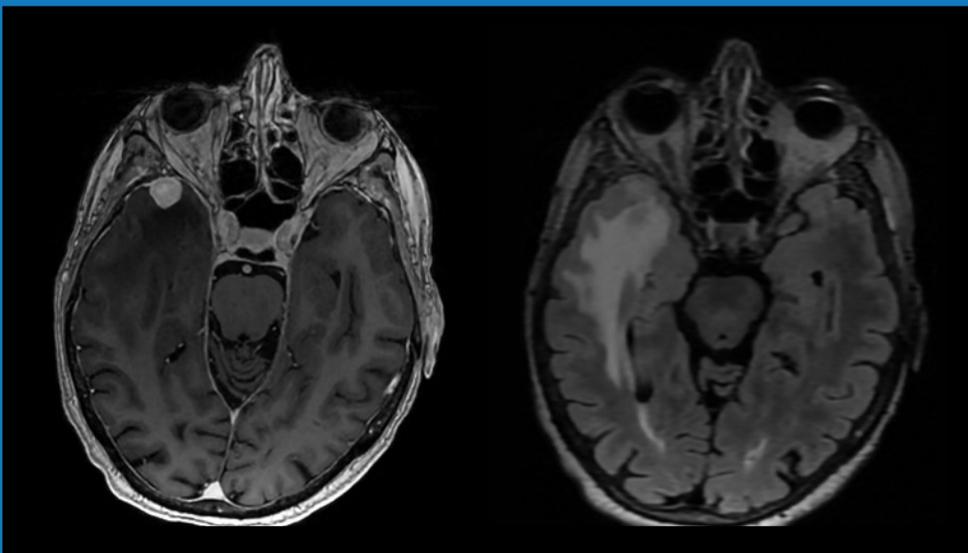


Figure 1. (Left) Axial T1-weighted MRI with gadolinium demonstrating an enhancing extra-axial lesion in the right middle fossa. (Right) Axial FLAIR MRI showing extensive peritumoral vasogenic edema.

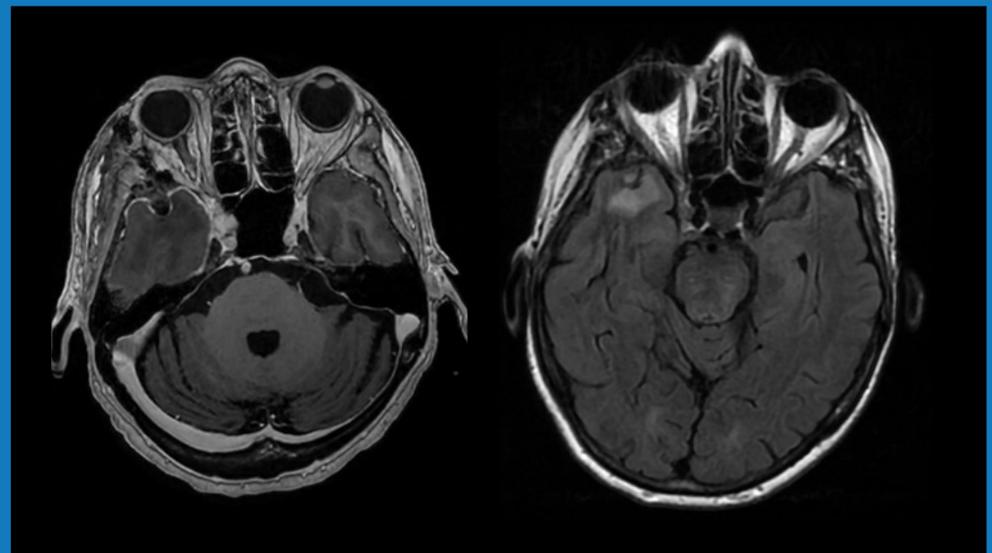


Figure 2. (Left) Postoperative axial T1-weighted MRI with gadolinium demonstrating complete resection of the middle fossa lesion. (Right) Axial FLAIR MRI showing significant improvement in peritumoral vasogenic edema.



Figure 3. Cosmetic outcome at three-month follow-up.



Operative video