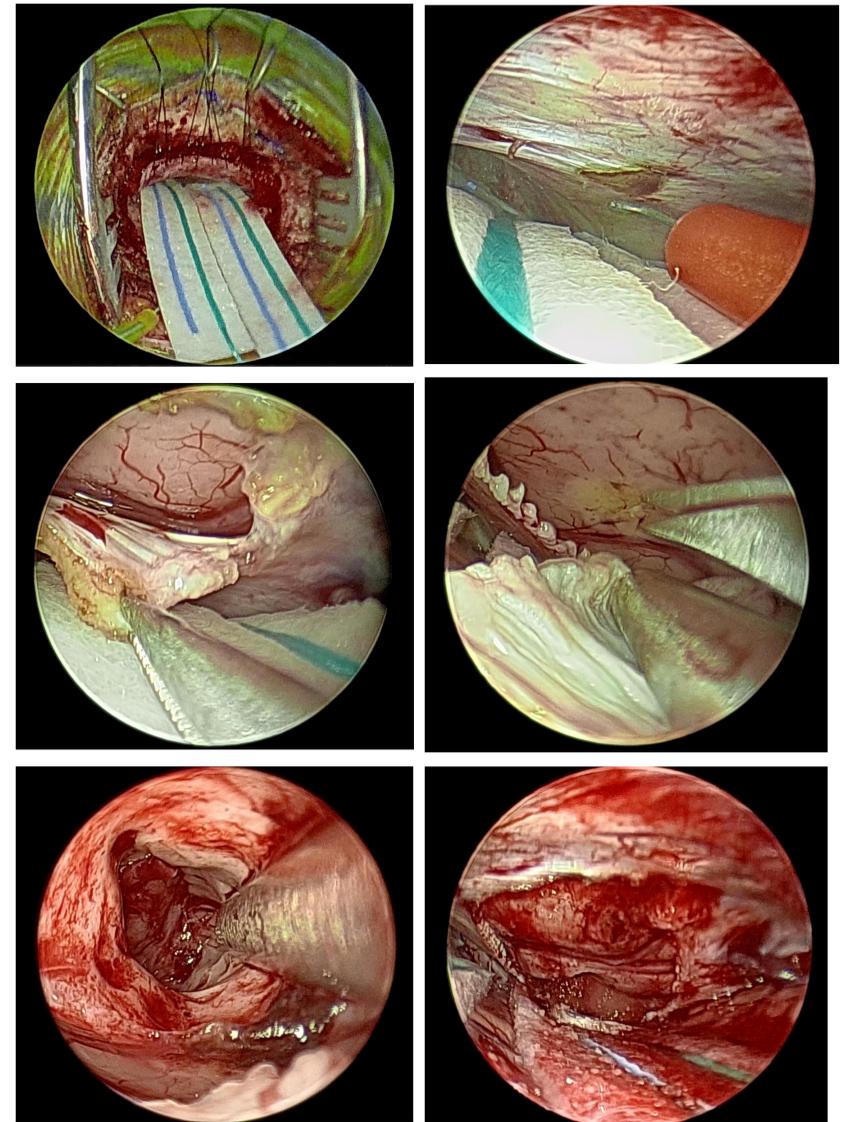
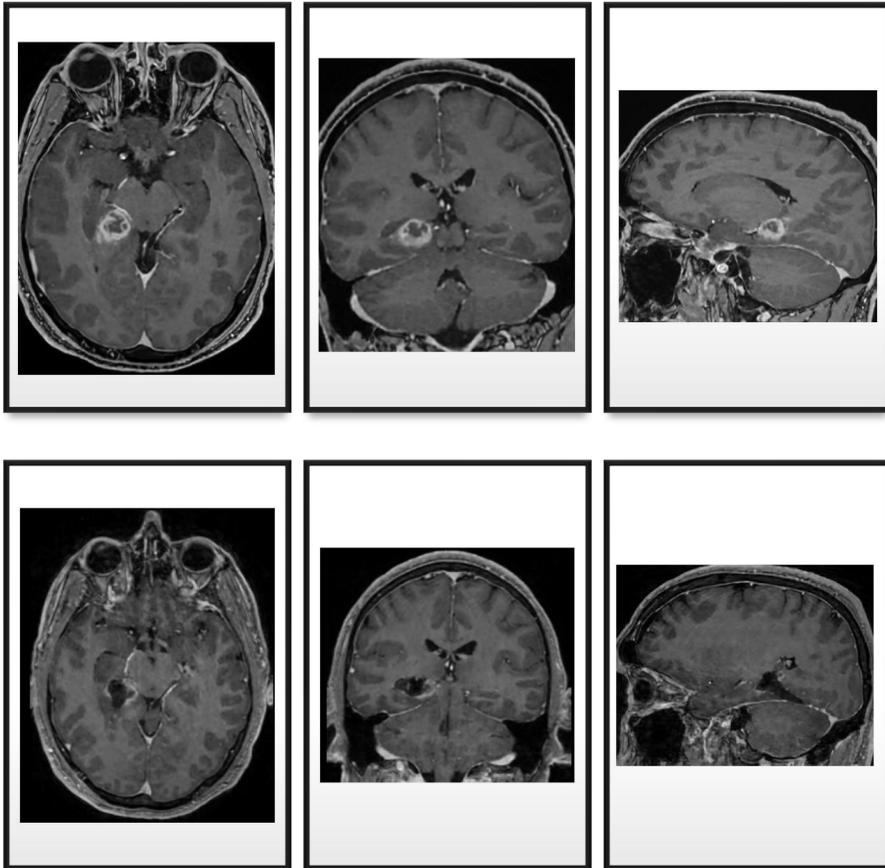


Introduction

A male in his 30s presented with seizures and was found to have a right posterior mesial temporal lobe mass. He underwent a mini endoscopic right paramedian supracerebellar transtentorial approach for resection of the mass. Pathology revealed high grade diffuse infiltrative glioma. Cognition and seizure control were improved postoperatively. He underwent adjuvant chemoradiation, with Karnofsky Performance Score of 90 on last follow-up.



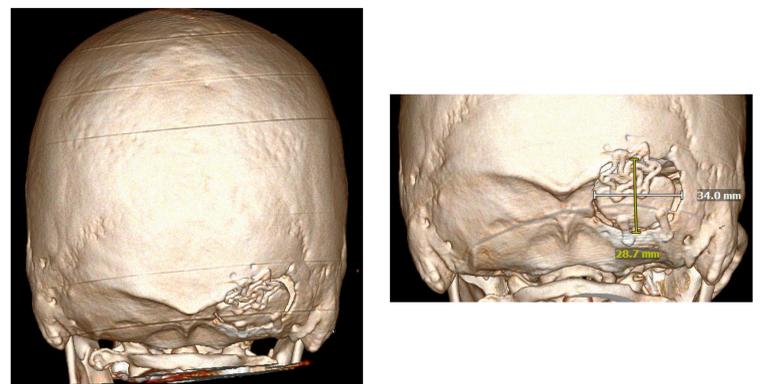
Methods/Results

Endoscopic mini supracerebellar transtentorial approach

- Seated position.
- Preoperative echocardiogram with bubble study.
- Neuronavigation.
- Linear paramedian incision on the right side.
- and an approximately 2.9 by 3.4 cm craniotomy.
- Dura opened in trapdoor fashion based on the transverse sinus and reflected superiorly.
- Cottonoids placed on the cerebellum.
- 0-degree Storz endoscope.
- Arachnoid adhesions lysed between the superior surface of the cerebellum from the underside of the tentorium.
- Insulated right angle hook and a Bovie to open the underside of the tentorium in a rectangular fashion to create a ramp.
- Small corticectomy into the posterior temporal lobe with neuronavigation.
- Soft, gelatinous tumor identified. Frozen section consistent with glioma.
- Ultrasonic aspirator to remove additional tumor, taking care to respect the medial aspect of the resection cavity near the brainstem.

Conclusions

The mini endoscopic supracerebellar transtentorial craniotomy is an elegant and minimally invasive approach to the posterior temporal region in appropriately selected patients.



Contact

Michael Brandel, MD PGY7
UCSD Department of Neurosurgery
Michael.brandel@gmail.com
760-685-1974