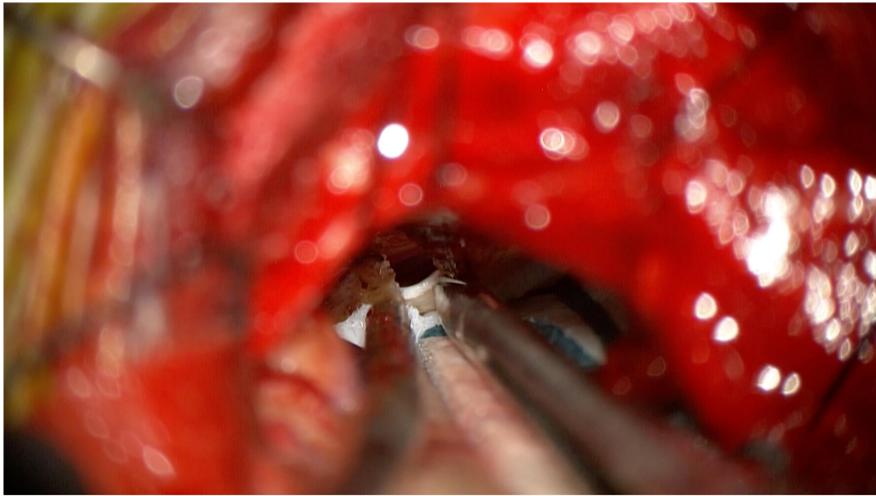


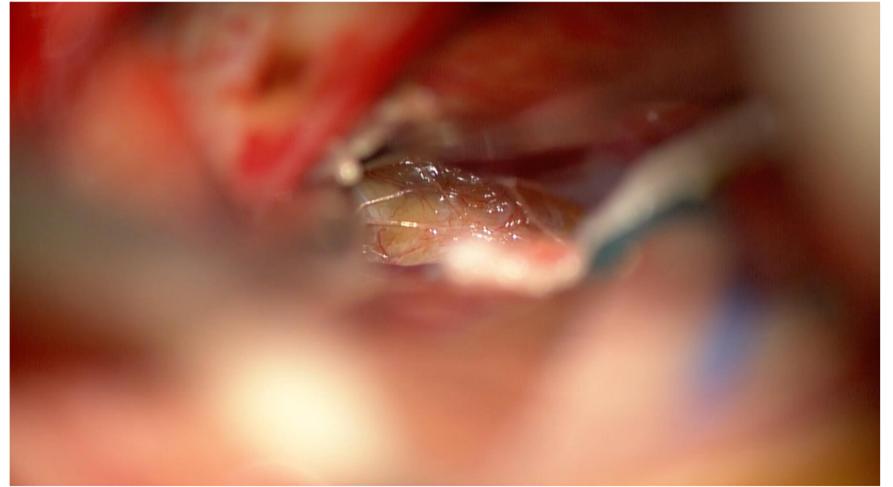
Endoscope Assisted Supra-Cerebellar Trans-tentorial Approach for Resection of Mesiotemporal Cavernous Malformation

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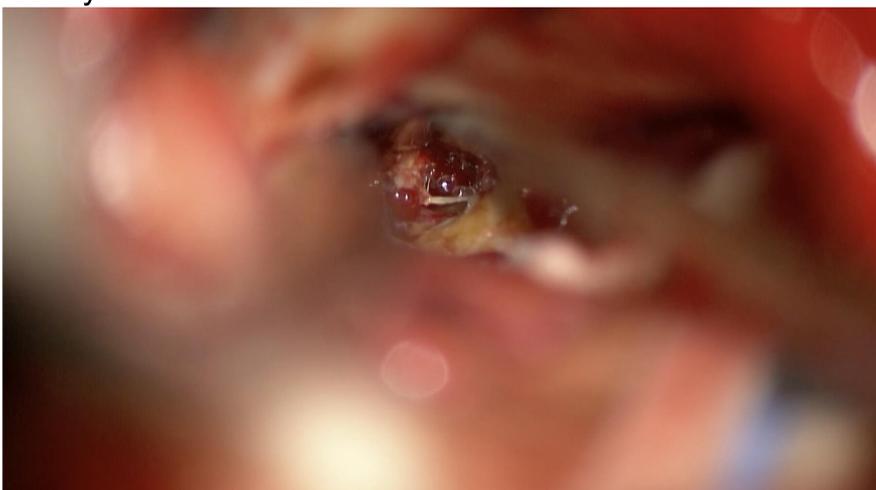
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1. Cutting of tentorial edge while ensuring trochlear nerve safety.



2. Identification of hemosiderin staining on cortical surface.



3. Separating the cavernoma from surrounding parenchyma



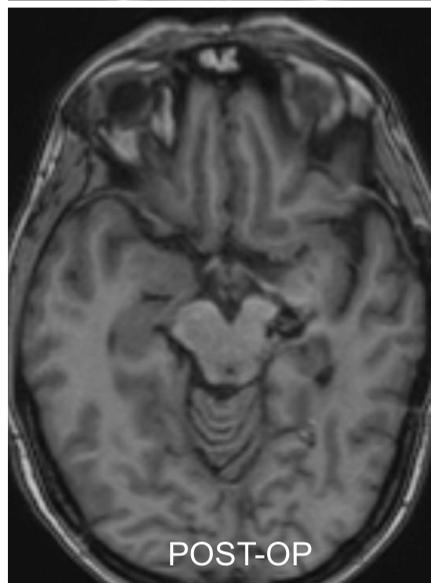
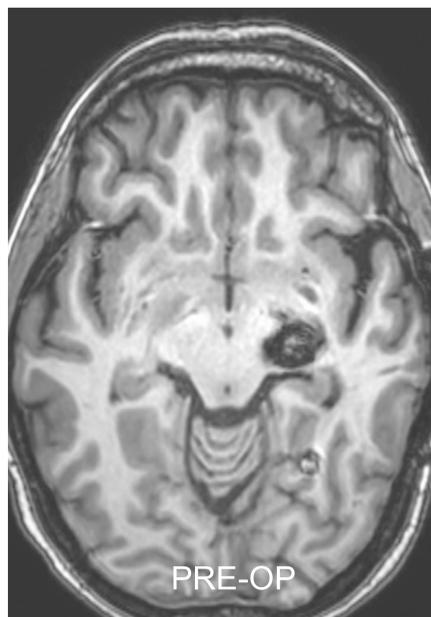
4. Using endoscope to ensure gross total removal of lesion.

Introduction

Mesiotemporal cavernous malformations represent a surgically challenging lesion. The supra-cerebellar trans-tentorial approach provides a safe operative corridor.

History

We describe the case of a 62-year-old female who presented with a seizure and right sided weakness. Imaging workup revealed multiple cavernous malformations. Her right sided weakness was attributed to a ruptured left mesiotemporal cavernous malformation. She initially underwent stereotactic radiosurgery however elected to pursue surgical resection due to inability to tolerate anti-seizure medications.



Surgical procedure

The patient underwent a left supra-cerebellar trans-tentorial approach with endoscope assistance. Key steps of the surgical procedure include carefully incising the tentorial edge, avoiding injury to trochlear nerve, identification of hemosiderin staining from ruptured cavernous malformation, separating the cavernoma from surrounding parenchyma and complete removal of the lesion.

Conclusions

The supracerebellar trans-tentorial approach provides a safe route to medial temporal lobe allowing for gross total resection of lesion.