

Cerebellopontine angle hemangioblastoma treatment

see also [Intracranial hemangioblastoma treatment](#).

Internal decompression and piecemeal resection may have devastating complications. Safe resection of large solid HBMs especially in the CPA requires surgical techniques similar to those for AVM surgery: pre-operative embolization, wide exposure, circumferential dissection, and en bloc removal.

The posterior petrosal transotic approach offers an improved surgical working angle to the anterior brainstem compared to the translabyrinthine approach. This advantage can be particularly important with vascular tumors that receive blood supply anteriorly, as in this case from AICA, and can improve the safety of the resection ¹⁾.

In a case a staged approach consisting of preoperative HB devascularization, debulking and piecemeal resection followed by radiosurgery for a small residuum produced an excellent clinical outcome ²⁾.

¹⁾

Mooney MA, Cavallo C, Belykh E, et al. Posterior Petrosal Transotic Approach for Cerebellopontine Angle Hemangioblastoma: Technical Case Report. Oper Neurosurg (Hagerstown). 2019;17(6):E269-E273. doi:10.1093/ons/opz058

²⁾

Staudt MD, Hebb MO. Staged multi-modality treatment approaches for giant cerebellopontine angle hemangioblastomas. J Clin Neurosci. 2018;53:224-228. doi:10.1016/j.jocn.2018.04.027

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