

Cerebral hemosiderosis

Although the effectiveness of [hemispherectomy](#) was established, the high incidence of [hydrocephalus](#) and delayed mortality from superficial cerebral [hemosiderosis](#) in up to one-third of patients led to a rapid decline in the procedure ^{1) 2)}.

In the 1970s, Rasmussen recognized that the [extent of resection](#) and the residual surgical cavity were contributing factors to superficial [cerebral hemosiderosis](#). Preservation of the frontal and occipital lobes and disconnecting them from the rest of the brain resulted in a "functional complete but anatomical subtotal hemispherectomy," giving rise to the functional hemispherectomy, which protected against superficial cerebral hemosiderosis and delayed hydrocephalus, and to a resurgence for the [disconnection procedure](#) ³⁾.

¹⁾

Oppenheimer DR, Griffith HB: Persistent intracranial bleeding as a complication of hemispherectomy. J Neurol Neurosurg Psychiatry 29:229-240, 1966

²⁾

Wilson PJ: Cerebral hemispherectomy for infantile hemiplegia. A report of 50 cases. Brain 93:147-180, 1970

³⁾

Rasmussen T: Hemispherectomy for seizures revisited. Can J Neurol Sci 10:71-78, 1983

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=cerebral_hemosiderosis

Last update: **2024/06/07 02:59**

