

Cerebrovascular bypass for skull base meningioma

see [Cerebral revascularization](#)

The ability to perform this surgery is an important adjunct in the armamentarium of skull base/cerebrovascular neurosurgeons ¹⁾.

[Skull base meningiomas](#) are common [skull base lesions](#) that are often in the vicinity of the internal carotid artery and its major branches. Their growth compresses, occludes, or invades these vessels. Although most of the lesions can be carefully dissected from the vessels, a vascular [bypass](#) and sacrifice of the vessel may be necessary to achieve complete excision or prevent ischaemic complications from vessel manipulation. These procedures require considerable planning and skill and their use is quickly waning in the face of improving modalities for managing small residual meningiomas in inaccessible locations ²⁾.

Case series

Bulsara et al. performed a retrospective review of cerebral bypass surgery performed by the senior author for skull base lesions between 1986 and 2006. One hundred patients had adjunct bypass surgery for skull base lesions.

The bypass surgeries performed are conceptually divided into Skull Base Bypass I, II, and III. The majority of lesions requiring bypass surgery were giant cavernous carotid artery aneurysms or skull base meningiomas. There were no deaths in this case series. There was a 7% morbidity rate.

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Bulsara KR, Patel T, Fukushima T. Cerebral bypass surgery for skull base lesions: technical notes incorporating lessons learned over two decades. Neurosurg Focus. 2008;24(2):E11. doi: 10.3171/FOC/2008/24/2/E11. PMID: 18275287.

²⁾

Bukhari SS, Shamim MS. [Flow replacement](#) cerebrovascular bypass in the management of [skull base meningiomas](#). J Pak Med Assoc. 2021 Dec;71(12):2831-2833. PMID: 35150551.

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