

Cervical spinal schwannoma treatment

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In the series of Asazuma et al., a posterior approach was used in 35 patients; 7 others underwent a combined anterior and posterior approach. A posterior approach was used for all type IIa and IIIa tumors, and for some type IIIb (upper cervical), IV, and VI tumors; a combined posterior and anterior approach was used for type IIb and the remainder of type IV and VI. Reconstruction was performed using spinal instrumentation in 4 patients (9.5%). Resection was subtotal in 6 patients (14.3%) and total in 36 (85.7%). ¹⁾

Cervical dumbbell [spinal schwannomas](#) with an extraspinal extension through the [intervertebral foramina](#) pose significant challenges for complete [resection](#) while avoiding injury to the [vertebral artery](#) and preserving the integrity of the [cervical spine](#). Posterior approaches may require an extensive soft-tissue dissection and bone removal with potential spinal instability. Moreover, they offer only a limited access to an extraspinal tumor component that entails an additional anterior approach for complete resection of a dumbbell-shaped lesion.

Goga et al., used an [anterolateral transforaminal approach](#) that preserves the bony elements of the intervertebral foramen and offers a comprehensive access to the extraspinal, foraminal and intraspinal/intradural components of a cervical dumbbell tumor ²⁾.

¹⁾

Asazuma T, Toyama Y, Maruiwa H, Fujimura Y, Hirabayashi K. Surgical strategy for cervical dumbbell tumors based on a three-dimensional classification. *Spine (Phila Pa 1976)*. 2004 Jan 1;29(1):E10-4. PubMed PMID: 14699292.

²⁾

Goga C, Türe U. The Anterolateral Transforaminal Approach to a Dumbbell Schwannoma of the C3 Nerve Root. *A 3-Dimensional Operative Video. Neurosurgery*. 2014 Sep 24. [Epub ahead of print] PubMed PMID: 25255264.

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