

Contralateral Interhemispheric Transfalcine Approach

- [Endoscopic-assisted contralateral interhemispheric transfalcine keyhole approach for falcine meningioma: How I do it](#)
- [Commentary: The Case Series of Contralateral Interhemispheric Transfalcine Approach to Medial Parietooccipital Pathologies: Surgical Technique and Results](#)
- [The Case Series of Contralateral Interhemispheric Transfalcine Approach to Medial Parietooccipital Pathologies: Surgical Technique and Results](#)
- [Resection of the tumor in the trigone of the lateral ventricle via the contralateral posterior interhemispheric transfalcine transprecuneus approach with multi-modern neurosurgery technology: a case report](#)
- [Successful resection of bilateral parafalcine meningioma with unilateral interhemispheric and contralateral transfalcine approach under nonintubated spontaneous breathing conditions: illustrative case](#)
- [Contralateral Interhemispheric Transfalcine Approach to the Basal Ganglia](#)
- [Contralateral transfalcine approach for resection of right medial frontal AVM](#)
- [Letter to the Editor Regarding: "Endoscopic Contralateral Interhemispheric Transfalcine Keyhole Approach for Large Falcine Meningiomas"](#)

The medial [parietooccipital](#) and peritrigonal areas present challenges for neurosurgical procedures. Adjacency to the eloquent cortex-[postcentral gyrus](#) and [cuneus](#), as well as crucial [white matter tracts](#), such as [optic radiation](#)-makes the surgical approaches difficult. This study aims to describe the surgical technique and outcomes of treating lesions using the contralateral approach.

Methods: This study is a retrospective analysis of 19 surgical cases treated in the Department of Neurosurgery and Neurooncology, Copernicus Memorial Hospital, in Łódź between April 2021 and May 2024.

Results: Nineteen cases were treated with the contralateral posterior interhemispheric transfalcine transprecuneus approach. Six cases were vascular (all arteriovenous malformation) and 13 tumors (5 glioblastomas, 4 meningiomas, 4 metastasis, and 1 pilocytic astrocytoma). Twelve of them were in precuneus, 3 in the peritrigonal part of lateral ventricle, 2 in falx, and 2 in pulvinar. The mean surgery time was 4 hours 15 minutes $\pm$ 2 hours 21 minutes. The superior sagittal sinus was injured and managed using suture and hemostatic material in 2 cases. In 2 cases, a small anastomotic vein was sacrificed, and in none of cases, a venous infarction related to anastomotic veins was observed. A new neurologic deficit was present in 8 cases post-surgery improving after a few days. The mean hospitalization time was 11 ± 8.7 days.

Conclusion: The contralateral [interhemispheric transfalcine approach](#) is a valuable surgical technique for managing medial parietooccipital and peritrigonal lesions ¹⁾.

¹⁾

Krystkiewicz K, Orzechowska MJ, Pytlarz B, Arczewski F, Dziedzic K, Furtak J, Tosik M. The Case Series of Contralateral Interhemispheric Transfalcine Approach to Medial Parietooccipital Pathologies: Surgical Technique and Results. Oper Neurosurg (Hagerstown). 2025 Feb 10. doi:

10.1227/ons.0000000000001510. Epub ahead of print. PMID: 39927778.

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

Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=contralateral_interhemispheric_transfalcine_approach

Last update: **2025/02/18 12:18**

