

Contralateral transcallosal approach

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To demonstrate the usefulness of the contralateral [transcallosal approach](#) for resecting lesions located laterally in or adjacent to the lateral ventricle.

Modifications to the standard ipsilateral [transcallosal](#) technique include positioning the head with the midline oriented horizontally, placing the side with the lesion up, and performing the craniotomy and [interhemispheric](#) dissection on the contralateral side. This approach avoids a transcortical incision, allows gravity to hold open the [interhemispheric fissure](#), and increases the lateral exposure of the lesion. This approach was used in 32 patients with a variety of lesions, including 6 [cavernous malformations](#), 7 [arteriovenous malformations](#), and 19 tumors of various types. All but three lesions were located on the left side.

All six cavernous malformations, all four benign tumors, and four of the seven arteriovenous malformations were resected completely. Malignant tumors were resected subtotally, and three arteriovenous malformations required stereotactic radiosurgery to treat residual deep nidus. There was no surgical mortality. Two patients experienced neurological deterioration.

The contralateral transcallosal approach can be used to treat a variety of lesions safely and successfully ¹⁾.

¹⁾

Lawton MT, Golfinos JG, Spetzler RF. The contralateral transcallosal approach: experience with 32 patients. *Neurosurgery*. 1996 Oct;39(4):729-34; discussion 734-5. PubMed PMID: 8880765.

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Last update: **2025/02/18 11:36**

