

High parietal paramedian approach

A high parietal paramedian incision usually extends from the postcentral to parieto-occipital fissure, approximately 3 cm from the falx, and lies medial to the majority of visual fibers, and running parallel to their projection.

A high parietal paramedian incision, which may avoid damage to the optic radiation or creation of a permanent speech deficit, sometimes causes motor weakness or seizures. However, Fornari et al. reported that although this approach caused no permanent motor or speech deficits, it preserved visual function in only 2 of 18 patients.

This approach can cause postoperative neurological deficits associated with parietal lobe function and visual-spatial processing. Apraxia and acalculia may occur in the dominant hemisphere. Another drawback of this approach is that it cannot provide early exposure of the feeding arteries.

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