

The variety of surgical approaches makes selection of an approach difficult.

There are lateral, posterior, and anterior routes that access various parts of the jugular foramen. Removal of the jugular process of the occipital bone provides access to the posterior aspect of the foramen, the infralabyrinthine mastoidectomy provides access to the lateral edge and dome of the jugular bulb, and the preauricular approaches provide access to the anterior margin of the bulb and foramen. Additions to these approaches may include cervical and vertebral artery exposure, facial nerve transposition, foramen magnum exposure, and external canal and condylar resection ¹⁾.

The surgical approach selection to JFSs should be tailored individually to their extension pattern. The judicious application of endoscope-assisted retrosigmoid infralabyrinthine and transcervical techniques allow for safe and more radical removal of JFSs with a major intraosseous part ²⁾.

¹⁾

Komune N, Matsushima K, Matsushima T, Komune S, Rhoton AL Jr. Surgical approaches to jugular foramen schwannomas: An anatomic study. Head Neck. 2015 Jun 4. doi: 10.1002/hed.24156. [Epub ahead of print] PubMed PMID: 26045057.

²⁾

Samii M, Alimohamadi M, Gerganov V. Surgical Treatment of Jugular Foramen Schwannoma: Surgical Treatment Based on a New Classification. Neurosurgery. 2015 Sep;77(3):424-32. doi: 10.1227/NEU.0000000000000831. PubMed PMID: 26075309.

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