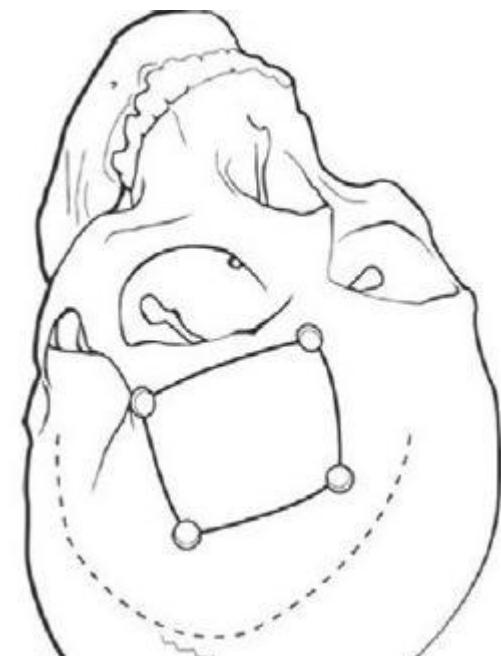


# Lateral subfrontal approach



## Indications

Tuberculum sellae meningioma<sup>1)</sup>

Anterior communicating artery aneurysm

The unilateral [subfrontal approach](#) provides an en face and panoramic view of the [anterior communicating artery](#) region while limiting the risk of bifrontal injury attendant in a true [interhemispheric approach](#) or bilateral subfrontal approach. Often this obviates the need for [gyrus rectus](#) resection, although when a better view of the [aneurysm](#) is desired, we can resect only a small portion of gyrus rectus, but even in these cases the impression is that this amount of gyrus rectus resection is reduced compared to the standard [pterional approach](#).

Petraglia et al. also feel this makes the final dissection in cases of ruptured lesions safer, often facilitates early A1 segment exposure and, consequently, proximal control. In those cases where the internal carotid segment is relatively short, the A1 segment often is readily exposed without needing to dissect the bifurcation, and in these cases no gyrus resection may be necessary. Nonetheless, the topic of gyrus rectus resection continues to generate controversy, they have no way of comparing the extent of resection in his patient cohort to that of other reported series, but as many others have noted, unilateral resection does not seem to cause significant neurologic consequences<sup>2)</sup>

<sup>1)</sup>

Margalit N, Shahar T, Barkay G, Gonon L, Nossek E, Rozovski U, Kesler A. Tuberculum sellae meningiomas: surgical technique, visual outcome, and prognostic factors in 51 cases. J Neurol Surg B Skull Base. 2013 Aug;74(4):247-58. doi: 10.1055/s-0033-1342920. Epub 2013 Apr 5. PubMed PMID: 24436920; PubMed Central PMCID: PMC3715609.

<sup>2)</sup>

Petraglia AL, Srinivasan V, Moravan MJ, Coriddi M, Jahromi BS, Vates GE, Maurer PK. Unilateral subfrontal approach to anterior communicating artery aneurysms: A review of 28 patients. Surg Neurol Int. 2011;2:124. doi: 10.4103/2152-7806.85056. Epub 2011 Sep 17. PubMed PMID: 22059119;

PubMed Central PMCID: PMC3205488.

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