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Publications

2012

Minimally invasive approach of extramedullary intradural spinal tumours. Review of 30 cases

A retrospective study of 29 patients with 30 [intradural extramedullary spinal tumors](#) approached through unilateral laminectomy -hemilaminectomy. Epidemiological data, location and histology of the lesions and radiological and clinical evolution of the patients were recorded. The Nurick scale was used in the preoperative and postoperative functional assessment conducted during the last follow-up consultation. The mean age of patients was 60 years and there was a predominance of the female gender. The mean time elapsed from the onset of symptoms to diagnosis was 11.6 months. Sensitive and motor deficits were the most common symptoms. Meningioma was the most frequent lesion, followed by neurinoma and ependymoma. The most commonly affected level was the dorsal, followed by the lumbar and cervical.

Total resection was performed in all cases except for one cervical neurinoma with extraforaminal extension. Three patients presented postoperative complications -cerebrospinal fluid fistula, asymptomatic pseudomeningocele and postoperative functional worsening- which were resolved with conservative treatment. The mean time of clinical and radiological follow-up was 33.4 months, with no tumoural recurrences being observed except for two cases of meningiomas. After the follow-up period, patients without functional disorders remained stable and all patients with functional disorders presented a clinical improvement of at least one point in the Nurick scale.

We consider that the microsurgical unilateral approach is a safe and effective technique for the resection of most extramedullary, intradural spinal tumours ¹⁾.

2001

Unilateral dilatation of the [lateral ventricle](#) is a rare condition. The most common causes are tumors of the lateral ventricles or in the area of the [third ventricle](#), acute or chronic inflammatory [gliosis](#), [cysticercosis](#) or congenital atresia of the [foramen of Monro](#). They report a case of asymmetrical dilatation of the lateral ventricle in an adult patient presenting with [intracranial hypertension](#) e caused by narrowing of the foramen of Monro which was occluded by a thin membrane. The patient underwent successful endoscopic fenestration of the Foramen of Monro ²⁾.

1991

Dorsal percutaneous radiofrequency rhizotomy guided with CT scan in intercostal neuralgias. Technical note.

1988

Suprasellar dermoid cyst in adults. Description of a case and review of the literature

1979

Intraneural ganglion cyst of the common peroneal nerve.

A fifteen-year-old patient with an intraneural ganglion cyst of the common peroneal nerve, with paralysis of the anterior tibial muscles which was subacute in onset. The lesion was radically removed using microtechniques. Such a purely intraneural location has rarely been described. The use of the surgical microscope and pathological study of the peroneal articular branches allows one to reject the possible synovial origin of this lesion ³⁾.

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González-Martínez EL, García-Cosamalón PJ, Fernández-Fernández JJ, Ibáñez-Plágaro FJ, Alvarez B. [Minimally invasive approach of extramedullary intradural spinal tumours. Review of 30 cases]. Neurocirugia (Astur). 2012 Sep;23(5):175-81. doi: 10.1016/j.neucir.2012.02.005. Epub 2012 Aug 4. Review. Spanish. PubMed PMID: 22871355.

²⁾

Javier-Fernández J, García-Cosamalón PJ, Viñuela J, Ibañez FJ, Mostaza A, Heres S, Ortega F. [Endoscopic fenestration as a treatment for asymmetrical hydrocephalus due to obstruction of the foramen of Monro]. Neurocirugia (Astur). 2001 Dec;12(6):513-5; discussion 516. Spanish. PubMed PMID: 11787400.

³⁾

Eiras J, Garcia Cosamalón PJ. Intraneural ganglion of the common peroneal nerve. Neurochirurgia (Stuttg). 1979 Jul;22(4):145-50. PubMed PMID: 228214.

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