

Meckel cave tumors are often asymptomatic and have a sufficiently characteristic magnetic resonance imaging/computed tomography signature that allows treatment/surveillance decisions to be made without biopsy confirmation. Radiographic diagnosis requires the surgeon to be fully aware of the plethora of unusual Meckel cave lesions that mimic benign tumors when they are malignant, inflammatory, or infectious and in need of a completely different and often timely intervention. When such a diagnosis is considered, it behooves the surgeon and benefits the patient to have a percutaneous biopsy technique available.

OBJECTIVE: To use our recent experience with a patient with idiopathic inflammatory sensory neuropathy and another with Meckel cave lymphoma to review the management of tumors of the Meckel cave.

METHODS: The technique of percutaneous biopsy of Meckel cave tumors through the foramen ovale with biopsy needles is detailed.

CONCLUSION: Obtaining tissue biopsy percutaneously prevents patients with Meckel cave tumors best treated with nonsurgical management from undergoing open surgical resection with its concomitant morbidity ¹⁾.

¹⁾

Janjua RM, Wong KM, Parekh A, van Loveren HR. Management of the great mimicker: Meckel cave tumors. *Neurosurgery*. 2010 Dec;67(2 Suppl Operative):416-21. doi: 10.1227/NEU.0b013e3181fa265d. Review. PubMed PMID: 21099567.

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