Occipital transcallosal approach

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Occipital craniotomy and a transcallosal approach reduce the incidence of postoperative seizures, speech disturbance and visual field deficits, and facilitate early exposure of the posterior choroidal artery. This procedure can be performed without significant postsurgical deficits attributable to the disconnection procedure, especially for small trigonal tumors. The disadvantage of this approach is complete section of the splenium of the corpus callosum, which interrupts the transfer of cortical visual information from the non-dominant hemisphere to the speech centres. When right homonymous hemianopsia is associated with complete section, alexia without agraphia may occur. Also, preoperative right homonymous hemianopsia is a relative contraindication for the transcallosal approach

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