

Craniotomies for approaches to the midline of the cranial vault require safe exposure of the superior sagittal sinus (SSS) or its boundaries. This exposure is especially important for parasagittal, falcine meningiomas, and lateral and third ventricle lesions—common lesions of the midline cranial vault, which often directly involve the SSS.

In these cases, an unobstructed view of the midline reduces the need for retraction of the medial aspect of the frontal, parietal or occipital lobes, depending on the location of the target pathology [4]. Standard methods for craniotomies along the midline include attempts to expose just the lateral edge of the SSS [5] or the entire sinus by crossing the midline.

The techniques for exposing just the lateral edge of the SSS include burr holes near or on the sinus, while those for crossing the midline include making bilateral burr holes and dissecting the SSS, or drilling a trough across the midline to visualize the sinus. These exposures can be complicated by encountering large parasagittal venous lakes close to the midline and lacerating the SSS in attempting to dissect it without direct visualization ¹⁾.

¹⁾

<http://www.cureus.com/articles/2574-two-part-parasagittal-craniotomy-technical-note>

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