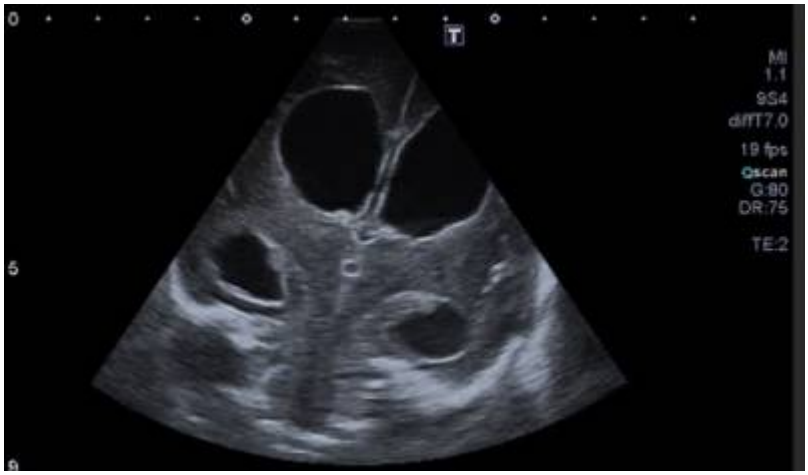
Peritrigonal region

see Peritrigonal lesion

Preterm newborn of 28 + 6 weeks. Transferred due to suspicion of hydrocephalus.

Dilated lateral ventricles with a bifrontal diameter of 4.3 cm. Left thalamo-occipital distance 4 cm, right 4.2 cm. Diffuse hyperechogenicity of the ventricular walls in relation to ventriculitis. Clots adhered to the choroid plexus and in the declining area of the occipital horns. Slightly dilated 3rd ventricle (thickness 6 mm measured in the coronal plane) with a hyperechogenic clot occupying its lumen. 4th ventricle was slightly dilated, without appreciating intraluminal clots by this technique. In addition, multiple millimeter cysts were observed in the periventricular deep white matter, confluent, predominantly in the periatrial region, in relation to periventricular leukomalacia. Diffusely thinned corpus callosum. Centered midline. Resistance indices cannot be measured due to the altered morphology of arterial curves with inversion of diastole below the baseline.



Exposure

Surgical exposure of the peritrigonal or periatrial region has been challenging due to the depth of the region and overlying important functional cortices and white matter tracts. The authors demonstrate the operative feasibility of a contralateral posterior interhemispheric transfalcine transprecuneus approach (PITTA) to this region and present a series of patients treated via this operative route [1].

1)
Bohnstedt BN, Kulwin CG, Shah MV, Cohen-Gadol AA. Posterior interhemispheric transfalcine transprecuneus approach for microsurgical resection of periatrial lesions: indications, technique, and outcomes. J Neurosurg. 2015 Oct;123(4):1045-54. doi: 10.3171/2015.3.JNS14847. Epub 2015 May 1. PMID: 25932608.