Position for supracerebellar transtentorial approach

The sitting position for supracerebellar transtentorial approach allows gravity to work in the surgeon's favor by facilitating cerebellar retraction and reducing venous bleeding and pooling in the operative field. As an alternative, the approach can be performed in the Park Bench Position or Concorde position.

Since supracerebellar transtentorial approach was introduced by Voigt and Yaşargil [1] , many researchers used SCTT in different positions. In particular, the sitting position was the most preferred as it allows the cerebellum to fall away from the tentorium. However, this position has disadvantages such as venous air embolism (VAE), Paradoxical Embolism, and some non-ergonomic conditions during surgery.

Kocaoglu and Acar reported two cases with tumors affecting the middle and posterior medial temporal regions. Both patients underwent surgeries in the prone position using the SCTT approach. There were no procedure-related complications. Histopathological results were as follows: psammomatous meningioma in the first case; adenocarcinoma metastases in the second case. Thus, in this study, the efficacy, feasibility, and safety of accessing the MTR using the SCTT approach in the prone position were demonstrated [2].

1)
Voigt K, Yaşargil MG: Cerebral cavernous haemangiomas or cavernomas. Incidence, pathology, localization, diagnosis, clinical features and treatment. Review of the literature and report of an unusual case. Neurochirurgia (Stuttg) 19:59– 68, 1976
2)
Kocaoglu M, Acar F. The Supracerebellar Transtentorial Approach in the Prone Position. Turk Neurosurg. 2020 Sep 19. doi: 10.5137/1019-5149.JTN.31433-20.5. Epub ahead of print. PMID: 33624280.