

Posterior fossa decompression

- [Rehabilitation in a child with Chiari II malformation, lumbosacral meningocele, achondroplasia and impaired respiratory regulation - a case report and literature review](#)
- [Syringohydromyelia, syringobulbia and syringocephaly associated with Chiari - I malformation: A case report](#)
- [Craniocervical hypertrophic pachymeningitis](#)
- [Two illustrative cases of adult Lhermitte-Duclos disease and a systematic review of literature related to surgical management](#)
- [Clinical outcome of different surgical approaches for symptomatic Chiari malformation without syringomyelia: a 13-year retrospective study](#)
- [First episode psychosis associated with increased volume of an arachnoid cyst in the posterior fossa](#)
- [Cerebral and optic nerve complications following bony orbital decompression for Graves' orbitopathy. A systematic review](#)
- [Surgical Treatment of Basilar Invagination without Evident Atlantoaxial Instability \(Type B\) - A Systematic Review](#)

see [Posterior fossa decompression for Chiari Malformation](#).

Indications

- [Arthroscopic Decompression of a Popliteal Cyst](#)
- [Surgical Management of Chiari Malformation Type I in the Pediatric Population: A Single-Center Experience](#)
- [Natural history of craniovertebral abnormalities in a single-center study in 54 patients with Hurler syndrome](#)
- [Chiari Malformation Type 1 and Syringomyelia: Why Do Patients Claim for International Guidelines? Commentary on the 2021 Chiari and Syringomyelia Consensus Document](#)
- [Evaluation of Adult and Pediatric Chiari Type 1 Malformation Patients: Do Consensus Documents Fit Everyday Practice?](#)
- [A C-Arm-Free Minimally Invasive Technique for Spinal Surgery: Cervical and Thoracic Spine](#)
- [Transcranioplasty Ultrasonography Through a Sonolucent Prosthesis: A Review of Feasibility, Safety, and Benefits](#)
- [Minimally Invasive Posterolateral Transcavernous Transtentorial Approach: 2-Dimensional Operative Video](#)

The indications for PFD vary depending on the underlying pathology. Some of the main indications include:

1. Chiari Malformation Type I Symptomatic Chiari I malformation with evidence of brainstem compression or syringomyelia. Progressive neurological deficits such as dysphagia, ataxia, or myelopathy. Severe headache, typically occipital, worsened by Valsalva maneuvers (e.g., coughing,

sneezing). Syringomyelia or hydromyelia with progressive symptoms. 2. Chiari Malformation Type II (Arnold-Chiari) Often associated with myelomeningocele and hydrocephalus. Indications for decompression include symptomatic brainstem dysfunction, worsening scoliosis, or syringomyelia. 3. Posterior Fossa Tumors Symptomatic posterior fossa tumors causing obstructive hydrocephalus, brainstem compression, or cerebellar dysfunction. Common tumors include medulloblastoma, ependymoma, pilocytic astrocytoma, hemangioblastoma, and metastatic lesions. 4. Hydrocephalus with Fourth Ventricular Outlet Obstruction When hydrocephalus is caused by compression or obstruction at the level of the foramen of Magendie or Luschka (e.g., Dandy-Walker malformation). As an alternative or adjunct to ventriculoperitoneal (VP) shunting. 5. Cerebellar Stroke or Hemorrhage Life-threatening cerebellar infarcts or hemorrhages leading to brainstem compression, hydrocephalus, or herniation. Indicated in patients with deteriorating neurological status or radiological signs of impending herniation. 6. Basilar Invagination When associated with brainstem compression and significant neurological deficits. Often requires additional stabilization with occipitocervical fusion. 7. Syringomyelia and Syringobulbia Syringomyelia secondary to Chiari malformation, with progressive symptoms unresponsive to conservative management. Syringobulbia with brainstem dysfunction. 8. Dandy-Walker Malformation Indicated in cases where there is progressive hydrocephalus or brainstem compression. PFD may be performed alongside shunting procedures. 9. Skull Base Compression Syndromes Conditions such as platybasia, clival abnormalities, or craniovertebral junction anomalies causing posterior fossa crowding and compression. The decision to perform PFD depends on the severity of symptoms, radiological findings (MRI/CT), and response to conservative management. It is crucial to weigh the benefits of decompression against potential complications such as CSF leaks, pseudomeningocele, and cerebellar slump.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=posterior_fossa_decompression

Last update: **2025/02/28 08:04**

