

Posterior fossa tumor surgery complications

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□ Neurological Complications

[Cerebellar Mutism Syndrome \(CMS\)](#)

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Cranial Nerve Deficits

CNs VI–XII are especially at risk depending on tumor location.

May result in dysphagia, dysphonia, facial palsy, diplopia, or tongue weakness.

Ataxia

Due to direct damage or edema in the cerebellar hemispheres or vermis.

Hemiparesis or Quadriparesis

If the brainstem is involved or manipulated, especially the corticospinal tracts.

Hydrocephalus

Obstructive, either pre-existing or iatrogenic due to postoperative swelling or bleeding.

May require external ventricular drain (EVD) or ventriculoperitoneal (VP) shunt.

□ Vascular Complications Hemorrhage

Intraoperative or postoperative, possibly leading to mass effect or acute hydrocephalus.

Stroke

Ischemic damage due to manipulation or vasospasm of perforating arteries supplying brainstem/cerebellum.

□ CSF-Related Complications CSF Leak

Due to violation of dura or poor closure; increases risk of meningitis.

Pseudomeningocele

Fluid collection under the skin at the surgical site.

Infection

Meningitis or abscess, especially if CSF leak is present.

□ Systemic Complications Respiratory Compromise

Especially in brainstem or lower cranial nerve involvement.

May require prolonged intubation or tracheostomy.

Dysphagia & Aspiration

Due to cranial nerve IX and X involvement; can lead to pneumonia.

□ Delayed or Chronic Issues Persistent Ataxia or Balance Problems

Neurocognitive Dysfunction

Especially in children; includes attention deficits, learning problems.

Hormonal Dysfunction

If surgery affects the hypothalamic-pituitary axis (less common in posterior fossa unless tumor extends rostrally).

Psychiatric Issues

Depression, emotional lability, or behavioral changes.

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