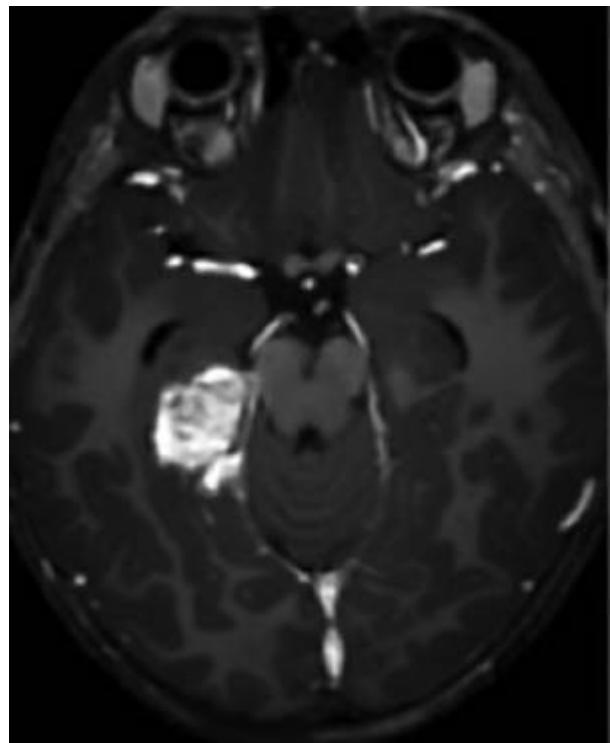


Posteromedial temporal region

Operations on tumors of the posteromedial [temporal region](#), that is, on those arising from the posterior [parahippocampal gyrus](#), [fusiform gyrus](#), and [lingual gyrus](#), are challenging to perform because of the deep-seated location of these tumors between critical cisternal neurovascular structures and the adjacent temporal and occipital cortices ¹⁾ ²⁾.



Conventional approaches to resect these tumors include the [transtemporal transventricular approach](#), [subtemporal approach](#), [supratentorial infraoccipital approach](#), [occipital transtentorial approach](#), [interhemispheric parietooccipital approach](#), and [pterional transylvian approach](#).

Exposure of the PMT region through these traditional approaches increases the risk of eloquent visual, language, and limbic temporal lobe pathway damage due to vascular injury or tissue transgression or retraction

¹⁾
Campero A, Tróccoli G, Martins C, Fernandez-Miranda JC, Yasuda A, Rhiton AL Jr: Microsurgical approaches to the medial temporal region: an anatomical study. Neurosurgery 59 (4 Suppl 2):ONS279-ONS308, 2006

²⁾
de Oliveira JG, Párraga RG, Chaddad-Neto F, Ribas GC, de Oliveira EP: Supracerebellar transtentorial approach—resection of the tentorium instead of an opening—to provide broad exposure of the mediobasal temporal lobe: anatomical aspects and surgical applications. Clinical article. J Neurosurg 116:764-772, 2012

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