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A 61-year-old woman admitted for a left **basal ganglia tumor**.

She was biopsied twice with inconclusive results. The NMR showed progression of the lesion, which went from a diffuse signal change in the **corpus callosum** and bilateral **frontal lobe** to the addition of an annular uptake zone at the level of the left GGBB. The patient clinically presents with **abulia** and right **hemiparesis** 2/5 MSD and 3/5 MID that is slowly getting worse.

Studies have shown that in 2-15% of cases a **pathologic diagnosis** is not achieved ^{1) 2) 3) 4)}

1)

Bernays RL, Kollias SS, Khan N, Brandner S, Meier S, Yonekawa Y. **Histological yield**, complications, and technological considerations in 114 consecutive **frameless stereotactic biopsy** procedures aided by open intraoperative magnetic resonance imaging. J Neurosurg. 2002;97:354-62.

2)

Fountas KN, Kapsalaki EZ, Smissen HF, 3rd, Hartman LP, Johnston KW, Robinson JS Jr. Results and complications from the use of a frameless stereotactic microscopic navigator system. Stereotact Funct Neurosurg. 1998;71:76-82.

3)

Gralla J, Nimsky C, Buchfelder M, Fahlbusch R, Ganslandt O. Frameless stereotactic brain biopsy procedures using the Stealth Station: Indications, accuracy and results. Zentralbl Neurochir. 2003;64:166-70.

4)

Heper AO, Erden E, Savas A, Ceyhan K, Erden I, Akyar S, Kanpolat Y, et al. An analysis of stereotactic biopsy of brain tumors and nonneoplastic lesions: A prospective clinicopathologic study. Surg Neurol. 2005;64(Suppl 2):S82-88

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