

Retrosigmoid intradural inframeatal petrosectomy

see [Retrosigmoid intradural inframeatal approach](#).

Lesions infiltrating the [petrous temporal bone](#) are some of the most complex to treat surgically. Many approaches have been developed in order to address these lesions, including [endoscopic endonasal](#), [anterior petrosectomy](#), [posterior petrosectomy](#), and [retrosigmoid](#).

The retrosigmoid intradural inframeatal petrosectomy may afford satisfactory exposure with limited drilling and minimal disruption of perilesional anatomical structures. It can provide excellent surgical results, especially for soft tumors, while minimizing surgical morbidity ¹⁾.

Menegatti M, Travaglini F, Gelmi CAE. Letter: "How I do it: retrosigmoid intradural inframeatal petrosectomy". Acta Neurochir (Wien). 2021 Mar 9. doi: 10.1007/s00701-021-04799-y. Epub ahead of print. PMID: 33687561.

Surgical removal of giant vestibular schwannomas with severe petrous bone involvement remains challenging due to the high risk of complications. The retrosigmoid intradural suprameatal-inframeatal approach (RISIA) allows for safe exposure extending from [Meckel's cave](#) to the petrous [internal carotid artery](#) (ICA).

Sato et al. demonstrated the usefulness of this approach in patients with recurrent giant vestibular schwannoma ²⁾.

¹⁾

Meling TR, Zegarek G, Schaller K. How I do it: retrosigmoid intradural inframeatal petrosectomy. Acta Neurochir (Wien). 2021 Mar;163(3):649-653. doi: 10.1007/s00701-020-04587-0. Epub 2020 Sep 28. PMID: 32989518; PMCID: PMC7886824.

²⁾

Sato Y, Mizutani T, Shimizu K, Freund HJ, Samii M. Retrosigmoid Intradural Suprameatal-Inframeatal Approach for Complete Surgical Removal of a Giant Recurrent Vestibular Schwannoma with Severe Petrous Bone Involvement: Technical Case Report. World Neurosurg. 2018 Feb;110:93-98. doi: 10.1016/j.wneu.2017.10.176. Epub 2017 Nov 10. PMID: 29129769.

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