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Retrosigmoid transtentorial approach

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Retrosigmoid transtentorial (RTT) and retrosigmoid intradural suprameatal (RISA) approaches have been used in the treatment of petroclival tumors.

To compare the area of exposure of brainstem and petroclival region obtained through RTT and RISA in cadaveric specimens.

Five cadaveric specimens with a total of 10 sides were analyzed. RTT and RISA were performed on five sides each. Brainstem and petroclival surface exposure were measured using both the approaches. These values were compared between the two approaches.

Brainstem area exposure with RTT was $441 \pm 63 \text{ mm}(2)$ and that with RISA was $311 \pm 61 \text{ mm}(2)$. Student's t-test revealed that the difference was significant (p = 0.01). The area of petroclival exposure medial to the Meckel cave through RTT was $696 \pm 57 \text{ mm}(2)$, and that through RISA was $716 \pm 51 \text{ mm}(2)$ (p = 0.69). The area of brainstem exposure between V and VII-VII complex through RTT and RISA was $387 \pm 86 \text{ mm}(2)$ and $378 \pm 76 \text{ mm}(2)$ (p = 0.87).

The RTT approach is an excellent approach to ventrolateral brainstem and petroclival region. It provides greater superoventral exposure of the ventrolateral brainstem than RISA and provides similar petroclival exposure ¹).

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Ambekar S, Amene C, Sonig A, Guthikonda B, Nanda A. Quantitative comparison of retrosigmoid intradural suprameatal approach and retrosigmoid transtentorial approach: implications for tumors in the petroclival region. J Neurol Surg B Skull Base. 2013 Oct;74(5):300-4. doi: 10.1055/s-0033-1348025. Epub 2013 Jun 13. PubMed PMID: 24436928.

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Last update: 2024/06/07 02:51

