

Spinal cord cavernoma treatment

Indications for microsurgical removal are present when a SCC becomes clinically apparent and presents as surgically accessible.

Complete microsurgical removal of the pathology is recognized as the therapy of choice whenever possible.

Surgical goals include gross-total resection through a more minimally invasive hemilaminectomy approach within 3 months of presentation ¹⁾.

Approaches to the [spinal cord](#) are performed either directly to the pathology in cases of SCCs reaching the [pial](#) surface or via the [dorsal median sulcus](#) (midline [myelotomy](#)) for deep-seated lesions. Spinal cord access via the dorsolateral entry zone is especially suitable for superficial lateral pathologies by opening the [denticulate ligament](#) and gently rotating the spinal cord.

Custom-tailored approaches are mandatory to minimize perioperative complications, achieve complete resections, and optimize postoperative outcome.

¹⁾

Badhiwala JH, Farrokhyar F, Alhazzani W, Yarascavitch B, Aref M, Algird A, Murty N, Kachur E, Cenic A, Reddy K, Almenawer SA. Surgical outcomes and natural history of intramedullary spinal cord cavernous malformations: a single-center series and meta-analysis of individual patient data: Clinic article. J Neurosurg Spine. 2014 Oct;21(4):662-76. doi: 10.3171/2014.6.SPINE13949. Epub 2014 Jul 25. Review. PubMed PMID: 25062285.

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Last update: **2024/06/07 02:49**

