

Stereotactic biopsy indications

Frame based [stereotactic biopsy](#) (FSB) remains the 'gold standard' for obtaining diagnostic samples of intracranial lesions to guide therapy. Nevertheless, diagnostic yield is highly variable.

The diagnostic yield from contemporary FSB is high and is dependent predominantly on lesion size. ¹⁾

They have limitations with regard to flexibility and patient comfort because of the bulky head ring attached to the patient.

The [stereotactic biopsy](#) with advanced [image guidance](#) represents a safe, reliable and minimally invasive method for pathological diagnosis of intracranial lesions. Moreover, the developments of biochemical imaging gives a new concept to the [stereotactic biopsy](#) ²⁾.

[Stereotactic biopsy](#) indications:

- a) deeply located cerebral [lesions](#): especially near [eloquent](#) brain
 - b) [brainstem lesions](#): may be approached through the [cerebral hemisphere](#) ³⁾.
 - c) multiple small lesions (e.g. in some [AIDS](#) patients)
 - d) patient medically unable to tolerate [general anesthesia](#) for [open biopsy](#)
- see [Brain Biopsy for angiitis](#).

Brain biopsy for Creutzfeldt-Jakob Disease Diagnosis

[Brain biopsy for Creutzfeldt-Jakob Disease Diagnosis](#)

References

¹⁾

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³⁾

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Last update: **2024/06/07 02:58**

