

Subchoroidal approach

- Endoscopic extended transforaminal approach (medial subchoroid) as an alternative to the classical transchoroidal approach: Technical note
- Feasibility of extended transforaminal approach (medial subchoroid) for resection of a benign aqueductal tumor in a patient with type 1 neurofibromatosis
- Practical, Stereotactic, Low-Profile Technique for Transcortical/Transventricular Colloid Cyst Removal Independent of Ventricular Size: Technical Note and Analysis of Approaches
- A Case of Cavernous Malformation of the Midbrain Removed via an Interhemispheric Transcallosal Subchoroidal Approach
- Supracerebellar infratentorial inverted subchoroidal approach to lateral ventricle lesions: Anatomical study and illustrative case
- Transcortical endoport subchoroidal endoscope-assisted approach to the third ventricle: from virtual reality to anatomical laboratory
- Quantitative Anatomic Analysis of the Transcallosal-Transchoroidal Approach and the Transcallosal-Subchoroidal Approach to the Floor of the Third Ventricle: An Anatomic Study
- Combined transchoroidal and subchoroidal approach for resection of a large hemorrhagic epithelial cyst: Expanding the operative corridor to the third ventricle

In the presence of a dilated [foramen of Monro](#), a [transcortical](#), [transforaminal approach](#) is considered the safest and simplest [approach](#) for resection of [colloid cysts](#). However, in the presence of small or normal [frontal horns](#), numerous microsurgical approaches and, often complicated, variations have been described, invariably employing forms of stereotactic navigation.

The small frontal horn is stereotactically targeted as previously described. Routine equipment is used to accurately create a novel, rigid, atraumatic surgical corridor.

After a 7-mm corticotomy, a peel-away catheter carrying the AxiEM stylet engages the target set as the frontal horn. All joints of the endoscope holder are locked, allowing only catheter advancement (y axis) while lateral (x axis) or anteroposterior (z axis) movements are secure. Two, 7-mm retractor blades are inserted. The extremely consistent anatomy of the foramen of Monro allows en bloc microsurgical removal without unnecessary coagulation of cyst wall or choroid plexus.

Despite a plethora of approaches to the rostral [third ventricle](#), in the presence of normal or small frontal horns, including creation of [transcallosal](#)/interforniceal, [suprachoroidal](#) (or [transchoroidal](#)), and [subchoroidal](#), colloid cyst resection does not necessarily need to be convoluted. Technical nuances of an accurate, practical, minimally invasive technique are described ¹⁾

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Sefcikova V, Wong QH, Samandouras G. Practical, Stereotactic, Low-Profile Technique for Transcortical/Transventricular Colloid Cyst Removal Independent of Ventricular Size: Technical Note and Analysis of Approaches. Oper Neurosurg (Hagerstown). 2023 Feb 1;24(2):e61-e67. doi: 10.1227/ons.0000000000000463. Epub 2022 Dec 9. PMID: 36637308.

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



