

When Yasargil first described standard techniques and procedures for [pterional craniotomy](#) (PC) in his publication in 1984, [subgaleal](#) dissection was used for separation and mobilization of the [temporalis muscle](#). Because subgaleal dissection of the temporalis muscle bears significant risk of injury to the frontal branches of the [facial nerve](#), various surgical techniques have been adopted such as [interfascial](#) and subfascial dissection. However, interfascial dissection is somewhat complex and time-consuming, and, because the facial nerve sometimes courses into the interfascial space, it still cannot eliminate the risk of facial nerve injury. Subfascial dissection is also time-consuming, and may result in injury to muscle fibers and intramuscular bleeding. These two techniques require transection of the temporalis muscle to leave a cuff for closure, which causes functional and cosmetic problems by muscle fibrosis and atrophy.

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Last update: **2024/06/07 02:59**

