Suboccipital decompression

see Posterior fossa decompression

Suboccipital Decompressive Craniectomy

Vychopen metal. retrospectively analyzed our institutional data of patients who underwent suboccipital decompression due to spontaneous intracerebellar hemorrhage, cerebellar infarction, and acute traumatic subdural hematoma between 2010 and 2019. Two different dural reconstruction techniques were performed according to the attending neurosurgeon: (1) fibrin sealant patch (FSP), and (2) dural reconstruction (DR) including the use of the dural patch. Complications, operative time, functional outcome, and the necessity of a ventriculoperitoneal shunt (VP Shunt) were assessed and further analyzed.

Overall, 87 patients were treated at the authors' institution (44 in FSP group, 43 in DR group). Glasgow coma scale on admission and preoperative coagulation state did not differ between the groups. Postoperatively, we found no difference in cerebrospinal fluid leakage or chronic hydrocephalus between the groups ($p = 0.47$). Revision rates were 2.27% (1/44 patients) in the FSP group, compared to 16.27% (7/43) in the DR group ($p < 0.023$). Operative time was significantly shorter in the FSP group (90.3 ± 31.0 min vs. 199.0 ± 48.8 min, $p < 0.0001$).

Rapid closure technique in suboccipital decompression is feasible and safe. Operative time is hereby reduced, without increasing complication rates [1].

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Vychopen M, Hadjiathanasiou A, Brandecker S, Borger V, Schuss P, Vatter H, Güresir E. Rapid closure technique in suboccipital decompression. Eur J Trauma Emerg Surg. 2022 Jun;48(3):2407-2412. doi: 10.1007/s00068-021-01779-w. Epub 2021 Sep 25. PMID: 34562136; PMCID: PMC9192370.