

# Subtemporal decompression

Subtemporal [decompression](#), first advocated by [Walter Edward Dandy](#) for the treatment of [benign intracranial hypertension](#) or [pseudotumor cerebri](#), has been replaced as a treatment mainstay by medical management using diuretics, steroids, and lumbar puncture. Failure of these forms of treatment has frequently led to insertion of [cerebrospinal fluid shunts](#).

Kessler et al. have retrospectively reviewed the long term outcome of eight patients who were treated by subtemporal decompression (STD) for classical presentations of refractory benign intracranial hypertension. The follow-up period ranged from 8 to 26 years.

Within 1 month of STD, deterioration in visual fields and acuity resolved in all eight patients. Five of eight patients required CSF diversion procedures after subtemporal decompression to control headaches. No patient experienced recurrent permanent visual deterioration after STD.

STD may be the most effective treatment in both long and short term follow-up to provide lasting relief and prevention of visual morbidity caused by refractory benign intracranial hypertension <sup>1)</sup>.

<sup>1)</sup>

Kessler LA, Novelli PM, Reigel DH. Surgical treatment of benign intracranial hypertension-subtemporal decompression revisited. Surg Neurol. 1998 Jul;50(1):73-6. PubMed PMID: 9657496.

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