## Supratentorial infraoccipital approach

The use of the supratentorial-infraoccipital approach is reported in seven patients with posteromedial temporal region lesions. No patient had permanent morbidity. Gross total resection of three low-grade gliomas and two gangliogliomas was achieved in five patients; one patient had subtotal resection of a low-grade glioma with adjacent gliosis, and one was initially thought to have a glioma but proved to have encephalomalacia on final pathological analysis. The patients ranged in age from 5 to 34 years. All seven patients presented with seizures, and four had uncontrolled seizures preoperatively. Six have been seizure-free since surgery (mean follow-up period 15 months), and one is well controlled on anticonvulsant medication. An anatomical study was performed to delineate the microsurgical anatomy relevant to operating on the medial temporal lobe through this posterior approach. A viewing wand intraoperative navigational system was utilized with this approach and proved helpful in gaining access as far anterior as the uncus through this occipital craniotomy. This approach is favorable in selected patients with posterior, medial, temporal lobe tumors because resection of otherwise difficult lesions may be accomplished without sacrificing lateral temporal lobe cortex or transecting the optic radiations <sup>1)</sup>.

Tanei et al. report two cases of glioma located at the medial posterior temporal lobe. In both, total tumor removal was achieved by a supratentorial-infraoccipital approach using neuronavigation and intraoperative magnetic resonance imaging. Both patients presented with postoperative quadrantanopia because of optic radiation damage, but did not have worsening language, memory, or cognitive functions <sup>2</sup>.

1)

Smith KA, Spetzler RF. Supratentorial-infraoccipital approach for posteromedial temporal lobe lesions. J Neurosurg. 1995 Jun;82(6):940-4. PubMed PMID: 7760195.

Tanei T, Fujii M, Takebayashi S, Nakahara N, Wakabayashi T. [Supratentorial-infraoccipital approach supported by navigation and intraoperative magnetic resonance imaging for glioma located at the medial posterior temporal lobe:two case reports]. No Shinkei Geka. 2015 Mar;43(3):241-6. doi: 10.11477/mf.1436202994. Japanese. PubMed PMID: 25748810.

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