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Torcular meningioma

Meningiomas located in the torcular, transverse, and sigmoid sinus (SS) regions are dangerous tumors to deal with. In the presence of a totally occluded sinus, the question whether to restore the venous circulation by performing a bypass when a completely occluded sinus is resected, rather than just remove the tumor and the obstructed segment of the sinus without venous reconstruction, is a matter of great debate. In the cases with partial sinus invasion by the tumor, and due to the presence of bilateral lateral sinus drainage, the sacrifice of one side could technically be performed without impunity in some cases. Unfortunately, and as shown in this chapter, the multiple anatomic variants compel the surgeon to be especially cautious in terms of resecting a tumor invading the dural sinuses without reconstructing them, even in cases when a collateral circulation is already developed.

The neurosurgeon dealing with these kinds of tumors should be familiarized not just with the anatomy of this region, but also with the different techniques of venous repair when needed.

Although today radiosurgery provides an additional treatment option for these tumors, surgery provides in most cases the only definitive way to cure these patients, as shown in our personal series, especially in the atypical or malignant variants, in which no tumor recurrence was found after a follow-up ranging from 3 to 23 years (8 years on average).

Endoscopic supracerebellar infratentorial approach for removal of torcular meningioma was performed in the prone position. The tumor attachment to sinus or confluence was removed or coagulate safely due to an optimal look-up view with the 0° and 30° endoscope.

Endoscopic supracerebellar infratentorial approach for infratentorial torcular meningioma is a safe and less invasive technique ¹⁾.

Ishikawa T, Watanabe T, Seki Y. How I do it: endoscopic supracerebellar infratentorial approach for torcular meningioma removal. Acta Neurochir (Wien). 2019 May 30. doi: 10.1007/s00701-019-03950-0. [Epub ahead of print] PubMed PMID: 31147830.

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Last update: 2024/06/07 02:55

