

Transorbital Approach for Olfactory Groove Meningioma

The transorbital endoscopic approach has been increasingly employed in the management of skull base disease.¹⁻⁴ We present a case of a 48-year-old woman with a 2-month history of progressively worsening headache referred to our neurosurgery division after a new-onset generalized seizure. On examination, she was found to have diminished olfaction with no additional findings, including no visual or cognitive deficits. Preoperative imaging revealed a large anterior fossa mass originating at the left olfactory groove with leftward extension and prominent anterior and posterior ethmoidal arterial feeders. A left-sided transorbital approach was planned to address the tumor. The lesion was resected without incident using a pure transorbital endoscopic technique. The microscope was brought into the field at the end of the procedure to aid with hemostasis of the surgical bed. The patient recovered without surgical complications. Histopathology revealed a World Health Organization grade I olfactory groove meningioma. Postoperative imaging confirmed gross total tumor resection without evidence of recurrence. This case highlights the application of the transorbital endoscopic approach in the management of anterior cranial base tumors. Advantages of this approach include minimal invasive access, avoidance of brain retraction, and ease for early tumor devascularization ¹⁾.

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Noiphithak R, Yanez-Siller JC, Nimmannitya P. Transorbital Approach for Olfactory Groove Meningioma. World Neurosurg. 2022 Jun;162:66. doi: 10.1016/j.wneu.2022.03.072. Epub 2022 Mar 23. PMID: 35338020.

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