Transpalpebral Approach for Tuberculum Sellae Meningioma

A total of 15 patients with meningiomas underwent microsurgical removal of TSM through Transpalpebral Approach (TPA). Ten patients were women and five were men. The standard preoperative diagnostic protocol includes magnetic resonance imaging with contrast enhancement, brain computed tomography for neuronavigation. We assess surgical complications, functional and cosmetic outcomes, and surgical parameters, including the time of surgery and intraoperative blood loss.

Visual impairment was finding in 100% patients, including slight decrease of vision (46,7%, seven patients), partial vision field loss (six patients, 40%), and serious visual impairment (two patients 13.3%). Visual improvement was noted in ten cases (66.7%), there was no improvement in four cases (26.7%), and one case (6.6%) had transient visual worsening for 4 days and slow improvement in 1 month. Headache disappeared in three patients (50%). There were no cases of cerebrospinal fluid leak. Transient frontal hypoesthesia was noted in all patients (100%) without permanent deficit. Transient palsy of the frontal muscle was noted in four patients for 4-6 months. Histological examination revealed WHO Grade I meningioma in 14 cases and in 1 case WHO Grade II meningioma. No deaths were identified in follow-up at 12 months. The average value of the Modified Rankin Scale was 1.4. The mean length of stay in hospital was 5.

TPA is technically difficult and requires some experience to work in deep structures in a small surgical corridor. This technique can be good alternative to traditional fronto-lateral, supraorbital keyhole craniotomies, and endoscopic endonasal approaches ¹⁾.

Dzhindzhikhadze RS, Dreval ON, Lazarev VA, Polyakov AV, Kambiev RL, Salyamova El. Transpalpebral Approach for Microsurgical Removal of Tuberculum Sellae Meningiomas. Asian J Neurosurg. 2020 Feb 25;15(1):98-106. doi: 10.4103/ajns.AJNS_186_19. eCollection 2020 Jan-Mar. PubMed PMID: 32181181; PubMed Central PMCID: PMC7057880.

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