



Neurocirugía



<https://www.revistaneurocirugia.com>

O-015 - SURGICAL STRATEGY FOR MULTICOMPARTMENTAL NON- VESTIBULAR SCHWANNOMAS

L. Pérez de San Roman Mena, J.A. Simal Julian, P. Miranda Lloret, A. Quiroz Tejada and C. Botella Asunción

Hospital Universitario La Fe, Valencia, Spain.

Resumen

Introduction: Multicompartmental non-vestibular schwannomas are a rare (< 1%) and complex entity which entail a surgical challenge for skull base surgeons. Their extension into different intracranial compartments such as Meckel's cave, middle and posterior fossa among others, requires an effective surgical strategy. Traditionally, these lesions have been managed with classical skull base approaches, achieving gross total resection (GTR) rates around 70-80%.

Objectives: Recent publications have suggested a more straight forward route for these tumors with an endoscopic approach. We analyse and assess its feasibility from a purely endoscopic endonasal approach (EEA) as well as a combined approach (EEA + retrosigmoid) for cases with tumor extension into the posterior fossa.

Methods: A retrospective analysis was performed on 6 patients with multicompartmental non-vestibular schwannomas who underwent an EEA (\pm retro sigmoid approach) between 2017 and 2021. The extent of resection, clinical outcome and surgical morbidity were analysed.

Results: 6 patients with multcompartmental non-vestibular schwannomas were analysed: 5 trigeminal schwannomas and an extremely rare carotid canal sympathetic plexus schwannoma. 3 patients had dumbbell-shape tumors, 2 of them located in the middle and posterior fosa and 1 located at Meckel's cave with extension into the maxillary subcutaneous region through the infraorbital canal; 1 patient presented with tumor at the petroclival region, petrous apex and parapharyngeal space and 2 patients had tumors affecting the middle fosa, Meckel's cave, pterigoid fosa and/or sphenoid sinus. Tumor size was over 3.5 cm in all cases (> 4 cm in 3 patients). In 2 patients a combined EEA + retrosigmoid approach was performed in 2 stages and 4 patients were managed with a purely EEA. GTR was achieve in a 100% of the patients. There were not CSF leaks.

Conclusions: EEA (\pm retrosigmoid approach) provides an adequate and effective surgical strategy for the management of multicompartmental non-vestibular schwannomas.