

TRANS CEREBELLOMEDULLARY FISSURE APPROACH FOR A RUPTURED MEDULLA OBLONGATA CAVERNOUS MALFORMATION - CASE REPORT

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OBJECTIVE AND IMPORTANCE: This case summarizes our experience with a rare medulla cavernous malformation apparent on the posterior face of the brainstem, treated with success through a trans cerebellomedullary fissure approach.

CLINICAL PRESENTATION: A 45-years-old woman presented with an occipital headache, nausea and deglutition impairment for both solids and liquids, and astasia and gait disturbance and right sided hemiparesis .

Magnetic resonance imaging showed a heterogeneously enhancing mass surrounded by hemosiderin rich gliotic ring that was in contact with the posterolateral surface of the medulla.

INTERVENTION: The tonsils were split by sharp arachnoidal dissection and the right PICA making an inferior loop at this level was mobilized to allow access in the cerebellomedullary fissure between the right tonsil and the uvula. The patient's postoperative course was favourable with near total remission of neurological deficits including right predominant brachial hemiparesis and IX,X paresis, with a return to her previous job. Pathological examination confirmed the diagnosis of cavernous malformation.

CONCLUSION: Our report demonstrates that a potentially deadly lesion considering the location could be surgically removed with good results. The arachnoid dissection of the cerebellomedullary fissure presents less risks for the patient than the transvermian approach without limiting the operative view.

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