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Clinical Hospital "Feofaniya", Centre of Neurosurgery
Institute of Neurosurgery (named after acad. A. P. Romodanov)
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неврологічного дефіциту. Залишки капсули, що не візуалізувались за допомогою мікроскопу і знаходились в численних карманах поза межами поля зору, під ендоскопічним контролем були виділені екстраарахноідально і видалені. В усіх випадках при видаленні гігантських суб- супратенторіальних епідермоїдних пухлин використовувався комбінований суб-супратенторіальний доступ, який забезпечив адекватний візуальний контроль суб- та супратенторіального простору. Проявів асептичного менінгіту не було в жодному випадку. В післяопераційному періоді з метою профілактики цього ускладнення хворі також отримували глюкокортикоїди протягом 8-10 днів, в тому числі ендолюмбально.

Висновки. Одночасне застосування операційного мікроскопу та ендоскопу з великим збільшенням для одномоментного тотального видалення епідермоідних пухлин, в тому числі суб- та супратенторіального простору є високоефективним та має бути стандартом для цієї категорії пухлин.

30. Retrosigmoid Suboccipital Approach in Trigonum Pontocerebellare Tumor Surgery: Prospective Analysis of 145 Application Cases and Literature Review

A. Sirko

Dnipropetrovsk State Medical Academy, State Institution, Ministry of Public Health of Ukraine

Study objective is to study special features of applying the retrosigmoid suboccipital approach (RSSA) in surgery for trigonum pontocerebellare (TPC) tumors, the possibilities for expanding the approach, complications and ways of their prevention.

Study materials and approaches.

The prospective analysis of the RSSA application in 145 patients with TPC tumors, who were examined and treated during the period from 2010 to 2017 inclusive, has been made. All patients were operated on by the author of the study.

Results: By applying the RSSA, we removed 84 vestibular schwannomas (VS), 5 non-vestibular schwannomas (3 schwannomas of caudal group of CNs and 2 schwannoma of trigeminal nerve), 43 TPC meningiomas, 9 epidermoid tumors in TPC (cholesteatomas), 1 hemangioblastoma, 1 chondroblastoma, 1 choroid papilloma, 1 cancer mts (poorly differentiated adenocarcinoma).

3 out of 145 patients with TPC tumors operated with RSSA application died. Postoperative mortality in the study group was (2.1%). 2 patients with VS and 1 patient with TPC meningioma died. In all those three cases mortality was not connected with the approach itself.

Own experience and literature analysis allow to make the conclusions about advantages and disadvantages of RSSA application.

Conclusions:

1. RSSA is a safe and relatively simple technique with a very low percentage of complications.

2. RSSA provides an excellent panoramic examination of the entire TPC and a wide opening of the tumor regardless of its type and size.

3. At all stages dissection is performed under a direct visual control, in such a case the location of the cranial nerves can be determined at an early stage, thus increasing the chances of preserving the nerves and allowing radical removal of the tumor.

4. Enhancement of the approach possibilities can be achieved by implementing the retrosigmoid suprameatal or inframeatal approach (using the technique of M. Samii), or supplementing the RSSA of C1 vertebra hemilaminectomy / laminectomy.

31. Modern Approaches to Diagnosis and Microsurgical Treatment of Large and Giant Cerebellopontine Angle Meningiomas

A. Sirko

Municipal Institution, Mechnikov Dnipropetrovsk Regional Clinical Hospital, Ukraine

Purpose: improve functional outcomes of patients with cerebellopontine angle (CPA) meningiomas through advanced preoperative diagnosis and application of up-to-date surgical technologies and methodological approaches.

Materials and Study Methods

We conducted prospective analysis of examination and treatment of 43 consecutive patients with CPA meningiomas who underwent treatment in Neurosurgical Department of Mechnikov Clinical Hospital from 2010 to 2017 inclusive. All patients included in the study were operated by the author.

CPA meningiomas were removed in a lateral decubitus position with a retrosigmoid approach using the following equipment: microscopes (OPMI