Epidermoid Cyst in the Cerebellopontine Angle: Technical Description Video

Marcus Vinicius de Morais¹  Romulo Almino de Alencar Arrais Mota¹  Thais Aparecida Marques¹
Rafael Duarte de Souza Loduca¹  Paulo Mácio de Porto Melo¹

¹Department of Neurosurgery, Hospital Militar de Área de São Paulo, São Paulo, Brazil

Address for correspondence Marcus Vinicius de Morais, MD, Department of Neurosurgery, Hospital Militar de Área de São Paulo, Rua Vergueiro, 4241 Apto 91, CEP 04101-300, São Paulo, SP, Brazil (e-mail: moraisneuro@gmail.com).

Abstract

Objectives  To describe the operative technique for treatment of epidermoid cysts in the cerebellopontine angle (CPA).

Design  The present video is a case report.

Setting  Patient is positioned in three-quarters prone. Retrosigmoid approach should be made under neurological monitoring and with neuronavigation to help achieve maximal safe resection. The skin incision is vertical, slightly curved, 5 mm medial to the mastoid notch. Craniectomy is superiorly limited by the transverse sinus and laterally limited by the sigmoid sinus. A C-shaped durotomy is made with its base protecting the sigmoid sinus. The lesion is removed in piecemeal fashion (► Fig. 1). The neurological monitoring helps.

Results  The patient was discharged 2 days later without neurological deficits.

Conclusions  The surgical treatment associated with neurological monitoring and neuronavigation is a safe procedure to treat epidermoid cysts in the CPA. The link to the video can be found at: https://youtu.be/sEuFyq9c2sw.

Keywords
►  epidermoid cyst
►  cerebellopontine angle lesion
►  cerebellopontine angle microsurgery
►  epidermoid cyst surgery

Conflict of Interest
None to disclose.

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Fig. 1  Intraoperative images. (A) Patient position, (B) asterion exposure, (C) epidermoid cyst identification, (D) lesion removal in piecemeal fashion, (E) intraoperative neurological monitoring, (F) anatomopathological study confirming the diagnosis.