



Epidermoid Cyst in the Cerebellopontine Angle: Technical Description Video

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J Neurol Surg B 2019;80(suppl S3):S325–S326.

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Abstract

Keywords

- epidermoid cyst
- cerebellopontine angle lesion
- cerebellopontine angle microsurgery
- epidermoid cyst surgery

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>.

Conflict of Interest
 None to disclose.



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received
 June 1, 2018
 accepted after revision
 November 11, 2018
 published online
 January 8, 2019

DOI <https://doi.org/10.1055/s-0038-1676997>.
 ISSN 2193-6331.

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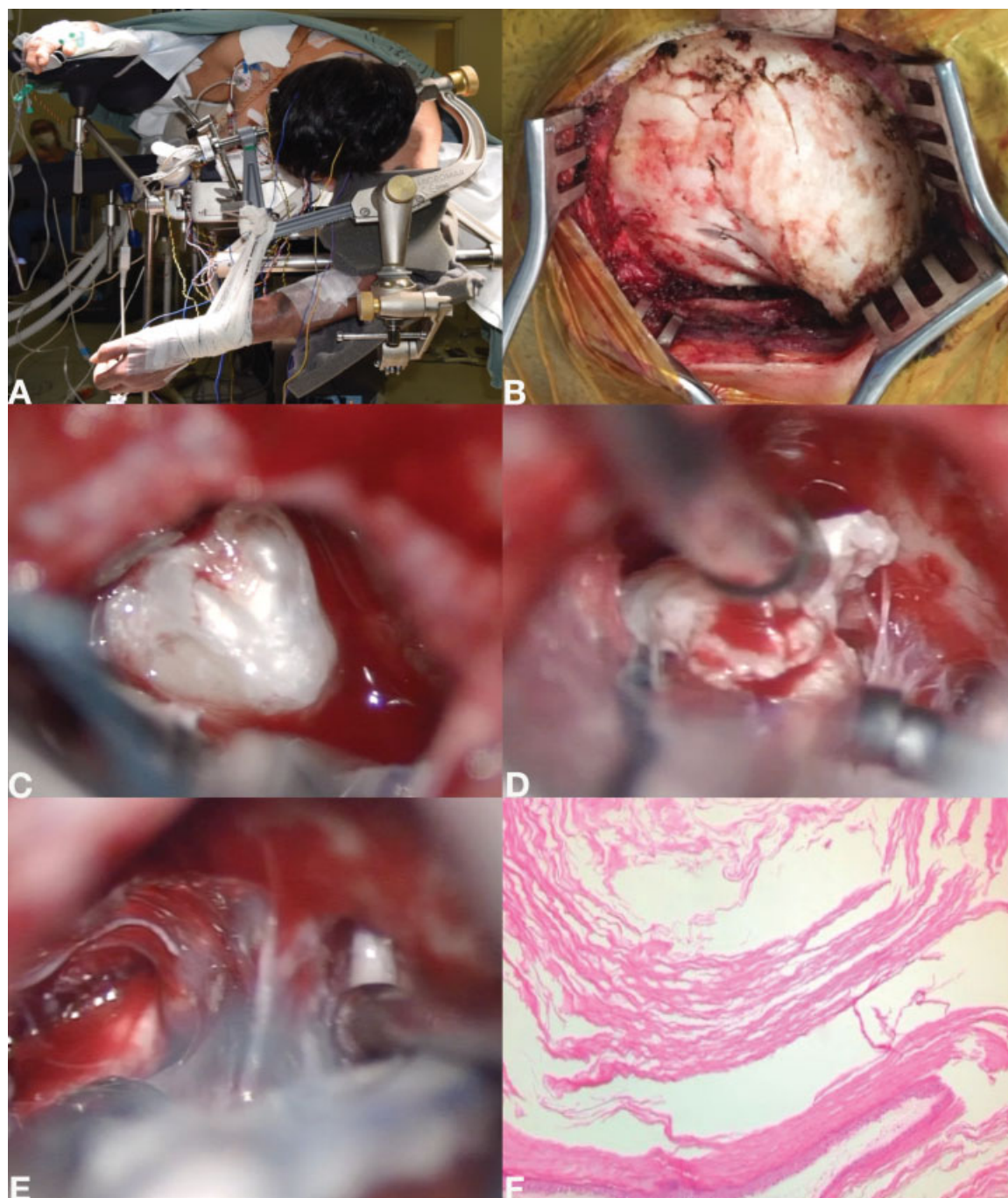


Fig. 1 Intraoperative images. (A) Patient position, (B) asterion exposure, (C) epidermoid cyst identification, (D) lesion removal in piecemeal fashion, (E) intraoperative neurological monitoring, (F) anatomopathological study confirming the diagnosis.