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Retrosigmoid Approach for Resection of Medium-Sized Vestibular Schwannoma

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Abstract

Objectives This video was aimed to describe the relevant anatomy and key surgical steps of retrosigmoid approach for gross total resection of a medium-sized vestibular schwannoma (VS).

Design The procedure is described in a surgical instructional video.

Setting The surgery took place at a tertiary skull base referral center.

Participant Patient is a 63-year-old woman who reported with nonserviceable hearing (Pure Tone Average 60 dB Hearing level, Word Recognition Score 45%), occasional tinnitus, and a VS in the left cerebellopontine angle (CPA), extending into internal auditory canal (IAC), measuring 1.7 cm parallel to the petrous temporal bone.

Main Outcome Measures The VS was resected by retrosigmoid approach.

Results The surgery results gross total resection of the VS with postoperative House–Brackmann grade 1 facial nerve function and no postoperative complications.

Conclusion The retrosigmoid approach is a good strategy to remove VS involving the CPA and the IAC.

The link to the video can be found at: https://youtu.be/B6K_UkrKitg.

Keywords
- retrosigmoid
- vestibular schwannoma
- acoustic neuroma
- skull base

Conflict of Interest
None.

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