




Extradural Middle Fossa and Transcavernous Approach for Resection of Trigeminal Neurinoma at Lateral Cavernous Sinus

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Abstract

We present a 52-year-old male case of right trigeminal neurinoma at lateral cavernous sinus. The tumor was 40 mm in maximum diameter, obviously compressed temporal lobe and encased internal carotid artery. Extradural middle fossa and transcavernous approach was applied and the tumor was resected via Parkinson's triangle. This approach enabled safe and effective tumor resection, sufficient visualization, and operative field (► **Figs. 1** and **2**). We performed dissection of the tumor from trigeminal nerve, tentorium, and middle fossa and resect the tumor around internal carotid artery sufficiently. Postoperative course was good without any new neurological deficit. This surgical method is considered safe and effective for the resection of the tumor at lateral cavernous sinus.

The link to the video can be found at: <https://youtu.be/2ekullIqEuo>.

Keywords

- trigeminal neurinoma
- cavernous sinus
- extradural approach
- middle fossa approach
- transcavernous approach



Conflict of Interest

None declared.

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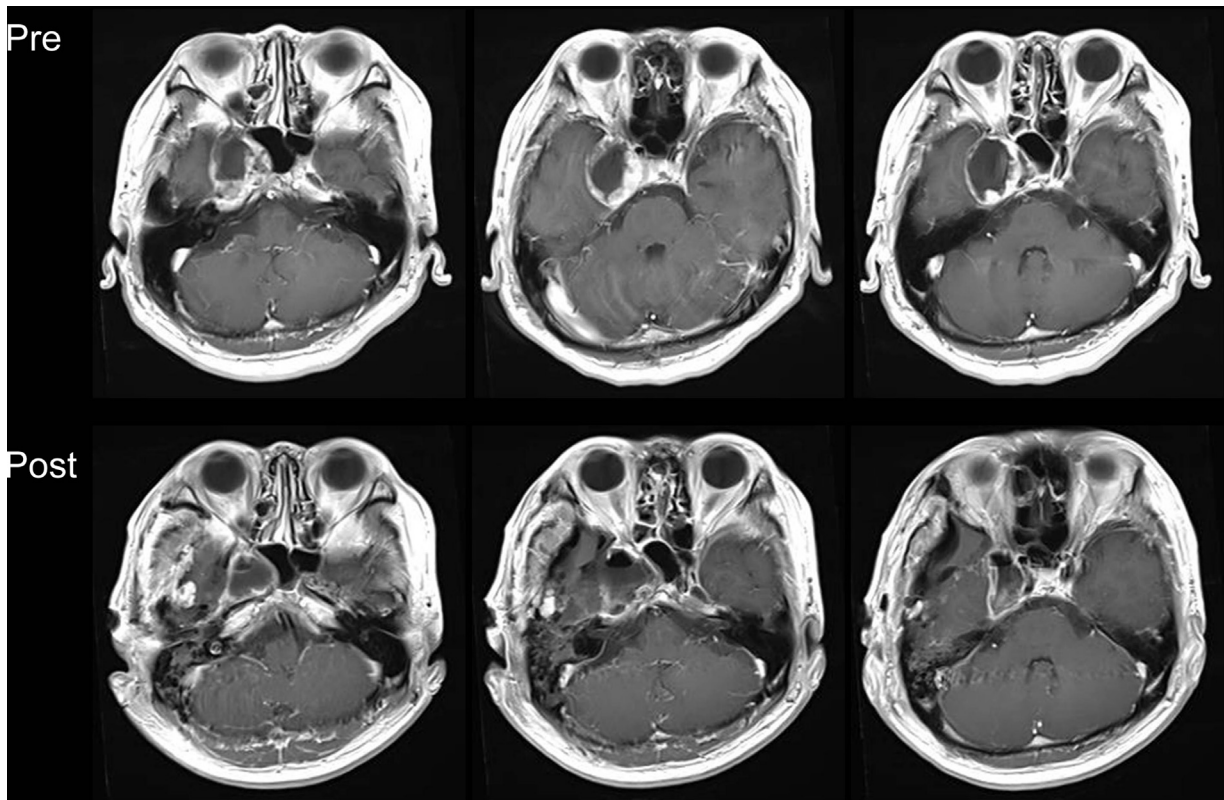


Fig. 1 Pre- and postoperative magnetic resonance imaging.

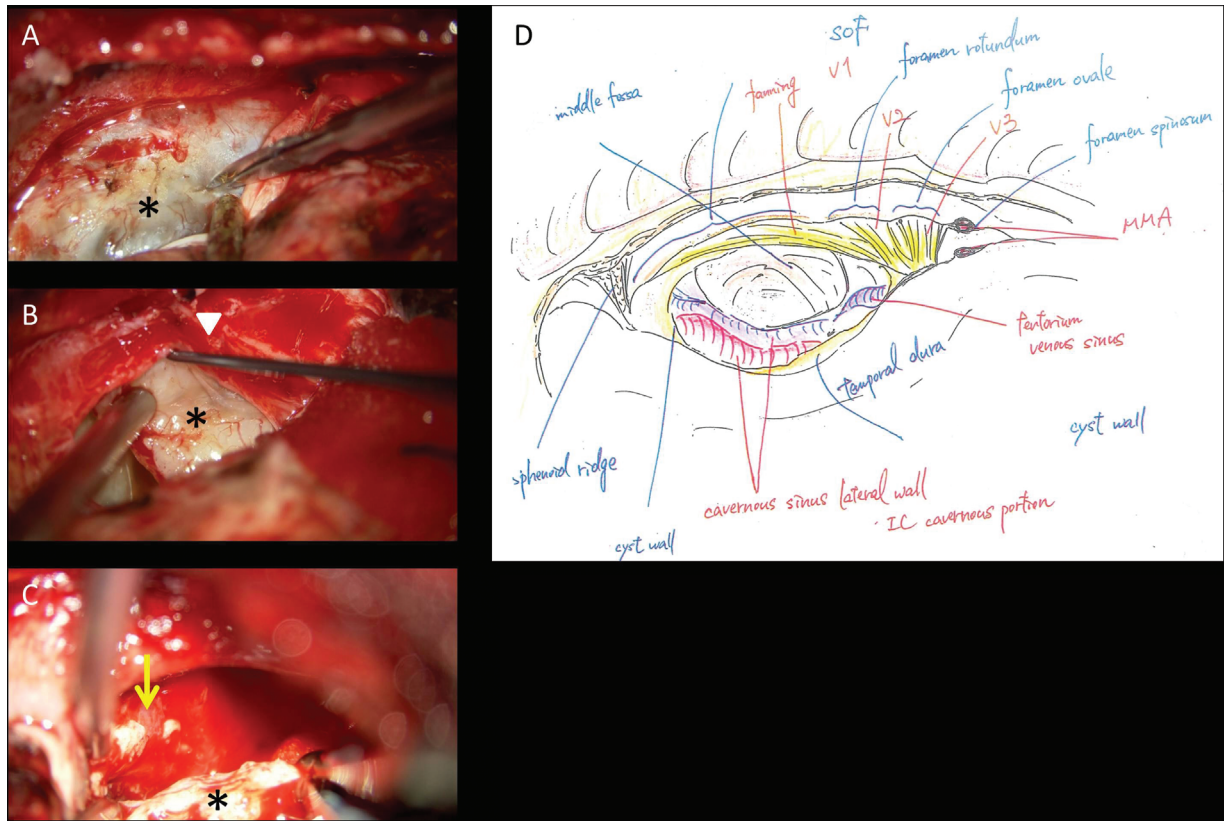


Fig. 2 Intraoperative images and schema. (A) The tumor capsule is incised, (B) detachment from trigeminal nerve, and (C) tumor surrounding internal carotid artery is resected (*tumor; arrowhead: trigeminal nerve; arrow: internal carotid artery). (D) Schema of the final operative field (V1: ophthalmic nerve, V2: maxillary nerve, V3: mandibular nerve).