

## SSG CASE REVIEW: Posterior Fossa Surgical Approach Right Middle Cerebellar Peduncle Cerebellar Cavernoma

### Clinical Presentation

The patient is a 49-year-old female with no significant past medical history. Four months prior to surgery, she presented with acute onset of ataxia, right facial sensory changes, headaches, nausea, and vomiting. Imaging showed a 1.5 x 1.3cm right middle cerebellar peduncle cavernoma with a small developmental venous anomaly along the posterior superior aspect of the lesion. She represented with two more episodes of acute onset of similar symptoms and was diagnosed as having recurrent bleeds. Prior to surgery, she had right V1 and V2 numbness, ataxia and right greater than left finger-to-nose dysmetria.

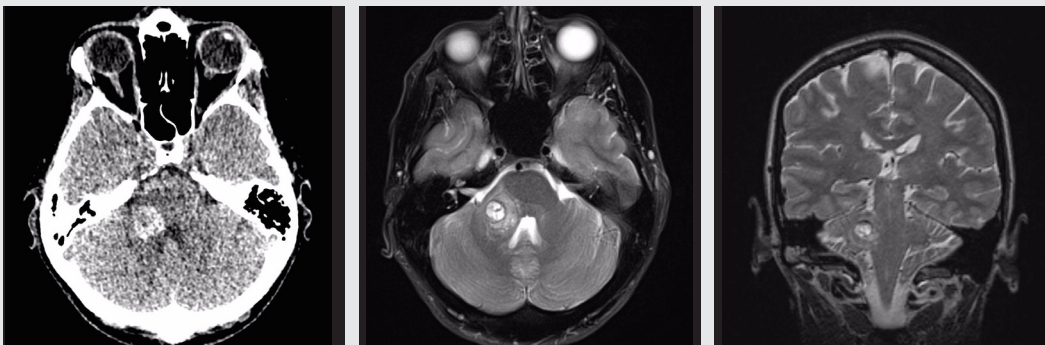
### Surgical Management

She underwent a right paramedian suboccipital approach through the cerebellar hemisphere using trans-sulcal access with a tubular retractor and MRI surgical navigation. Because the lesion was posterior to the brainstem, target cannulation was planned superficial to the surface of the mass. Resection ended once gross total resection was confirmed with ultrasound. Total surgery time was 2.5 hours.

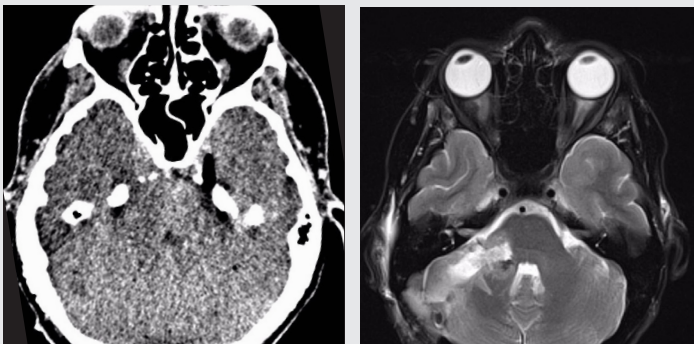
### Clinical Course and Outcomes

Post-surgery, patient had an intact neurological exam with mild, but improved, facial numbness. She also had intact facial expression, improved nausea, no headaches, and no dysmetria. She spent two days in the ICU and one day on the floor. She was discharged to home on post-op day three.

### Pre-Operative



### Post-Operative



If you have a notable case review to share, please contact us at [info@SubcorticalSurgery.com](mailto:info@SubcorticalSurgery.com)