

SSG CASE REVIEW: Trans-Sulcal Surgical Approach Left Occipital Metastasis

Clinical Presentation

Patient is a 61-year-old male with a known history of metastatic squamous cell carcinoma. He presented with a one-month history of right inferior quadrantanopia. Head CT and MRI showed the presence of a **left occipital ring enhancing mass 5.5cm x 3cm**. The MRI presented the question of GBM versus metastasis.

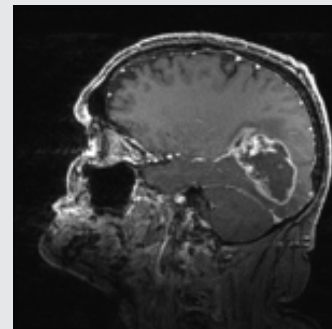
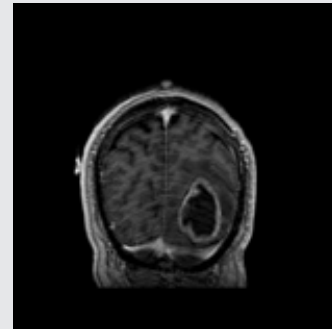
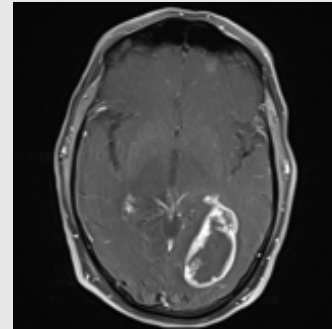
Surgical Management

A **paramedian approach was taken to stay inferior to SLF and lateral to optic radiations**. After dura was opened, a tubular retractor was cannulated along the preplanned trajectory to the center of the mass (48mm). Once the target was achieved, the necrotic center began to deliver itself. Resection began by working quadrant to quadrant to ensure all visual tumor was removed and the bleeding was managed. Pathology confirmed metastasis.

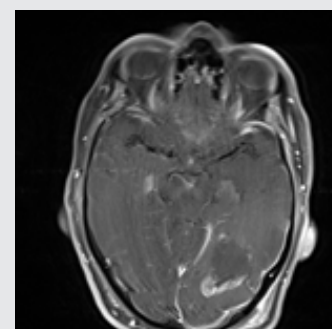
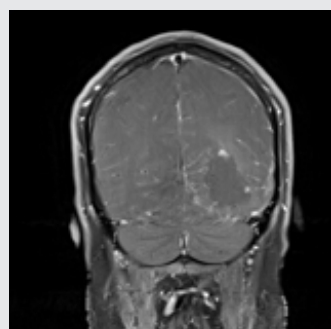
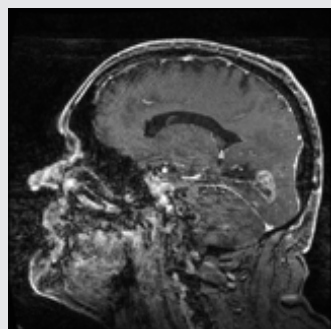
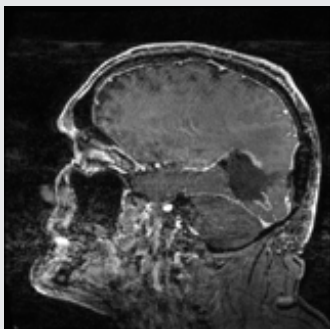
Clinical Course and Outcomes

The patient spent one night in the ICU and was discharged home on post-op day 2. Patient did well postoperatively. He continued to have preoperative visual field deficit. **The post-op scan showed residual tumor in the corner that was very difficult to find during surgery. Adding intraoperative ultrasound technology for use with the access device, as well as increased experience, will assist in future cases.**

Pre-Operative



Post-Operative



If you have a notable case review to share, please contact us at info@SubcorticalSurgery.com