



## SSG CASE REVIEW | Traditional versus Trans-sulcal Surgical Approach Intraventricular Subependymoma

### Clinical Presentation

The patient is a 24-year-old right-handed female. She presented with semi acute onset of worsening vision which included diplopia and blurred sight. She was noted to have a right-sided intraventricular tumor measuring around 2.0 x 2.5 x 3.5cm<sup>3</sup>.

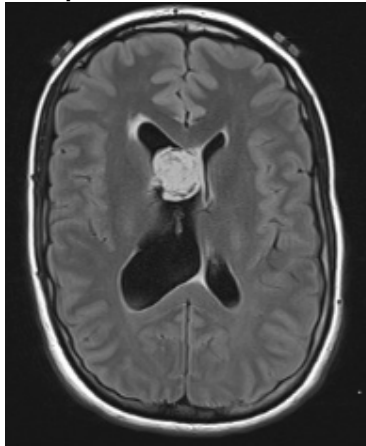
### Surgical Management

The patient underwent two independent surgeries for removal of the tumor. The first was a traditional approach, which resulted in significant intraoperative complications, including heavy bleeding requiring intraoperative cardiopulmonary resuscitation. This was determined to be a result of injury to main tributaries and arachnoid granulations draining into the sagittal sinus upon performing the craniotomy. The experience prompted the team to reassess the surgical approach; resulting in the surgeon's choice to use a minimally disruptive, trans-sulcal surgical approach. This second surgery was conducted three days after the first, traditional operation. Gross total resection was achieved and pathology confirmed the abnormality to be a WHO grade 1 subependymoma. Total surgical time was reported as under three hours by the surgical team.

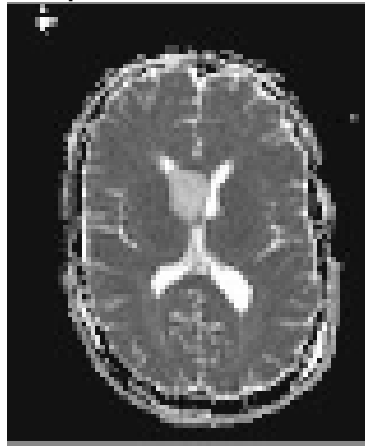
### Clinical Course & Outcomes

The patient had an immediate post-operative improvement in vision following the second surgical intervention. She was discharged on post-operative day two and was neurologically intact. At her two week follow-up, she remained without deficits.

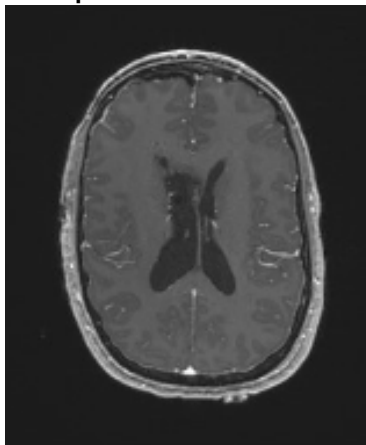
Pre-Operative 1



Pre-Operative 2



Post-Operative 1



Post-Operative 2

