



SSG CASE REVIEW | International Intraventricular MIPS Case Subependymoma, WHO Grade I

Clinical Presentation

Patient is a right-handed 58 year-old male who presented with one episode of generalized seizure 1.5 months prior to surgery. In the past year prior to surgery, the patient experienced intermittent morning headaches of short durations which spontaneously resolved.

Clinical examination revealed no neurological deficits. Eye examination showed no papilledema. MRI showed a circumscribed, ovoid, homogeneously hypointense 1.9cm intraventricular mass lesion within the frontal horn of the left lateral ventricle. The mass obstructed the foramen on monroe with unilateral dilatation of the left lateral ventricle.

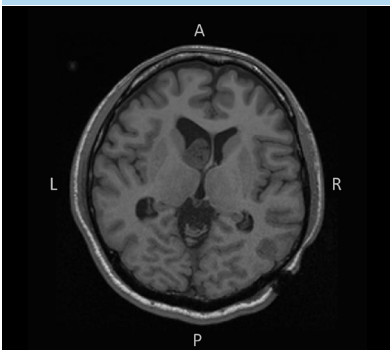
Surgical Management

A trans-sulcal minimally disruptive left frontal approach was selected (see figure). The trajectory was selected to dock the port over the tumor and to provide optimal visualization of the tumor and its attachment on the ventricular wall. Tumor was resected using a 13ga side mouth cutting device and coagulation using bipolar cautery. Once the tumor was detached from the ventricular wall, it was easily removed from the foramen of monroe. An EVD was left in-situ prior to standard closure. The EVD was removed after 48hrs. Total case time was reported at 4hrs.

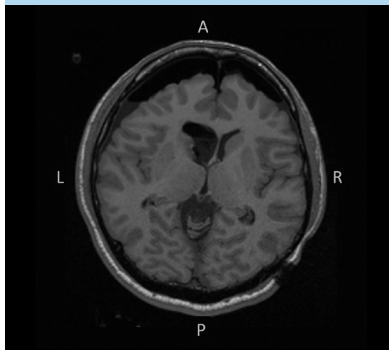
Clinical Course & Outcomes

Patient fully recovered with no new deficits and was discharged on post-op day 3. At one month follow-up, he remained seizure free on keppra 500mg bd and had resumed work.

T1 non-contrast intra-op MRI before tumor resection commenced:



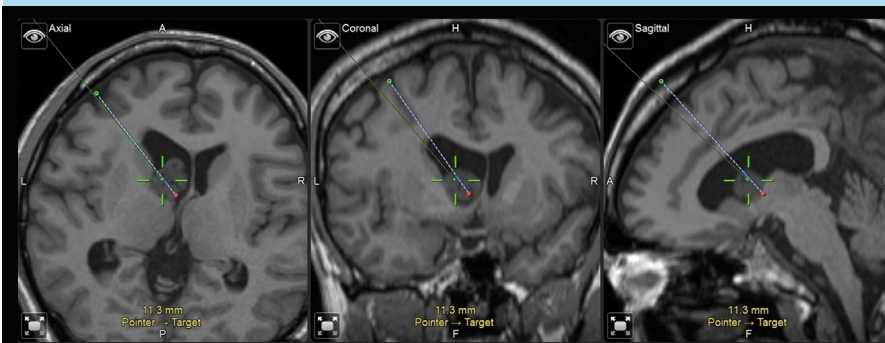
T1 non-contrast intra-op MRI after gross total tumor resection:



Intra-op view through sheath:



Tragectory of surgical approach:



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

* Orientation of MRI images as acquired intra-op

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