SCaLPEL Erasmus+ Neurosurgical cases

2nd meeting

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Co-funded by the European Union







- •62 y.o. male
- Medical history
 - •HA, diabetes type II, chronic gastritis
- •several months of aggravation of neck pain, irradiation in right shoulder
- tingling in right arm
- •examination no neuro deficit

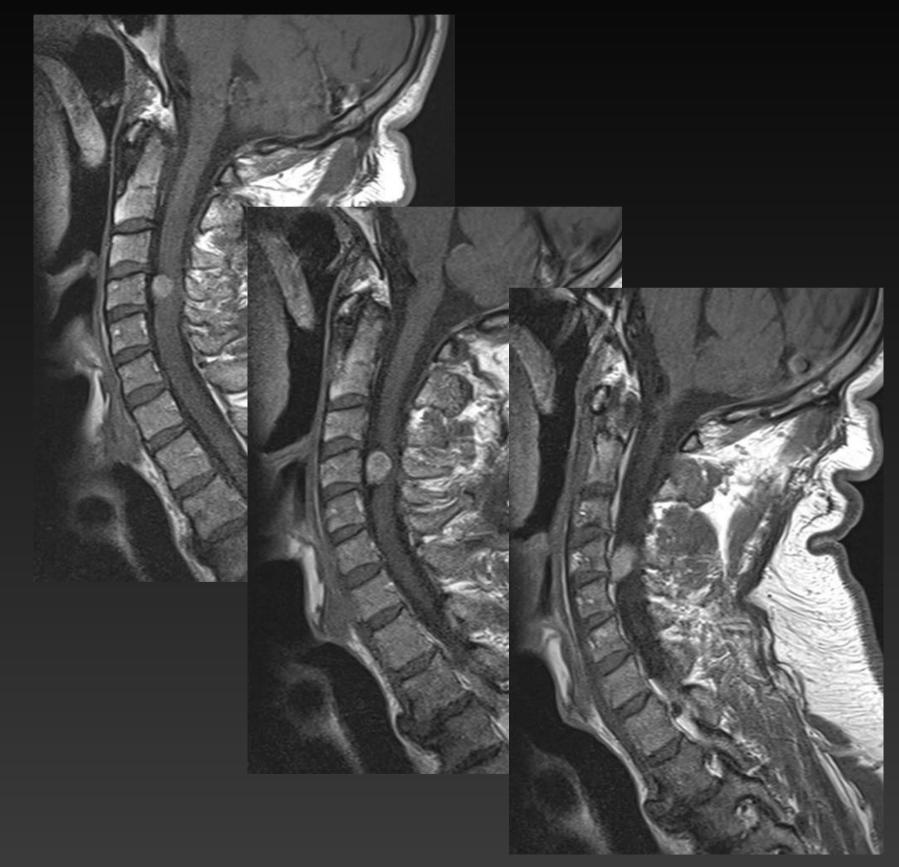


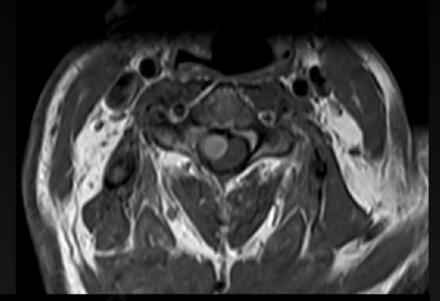


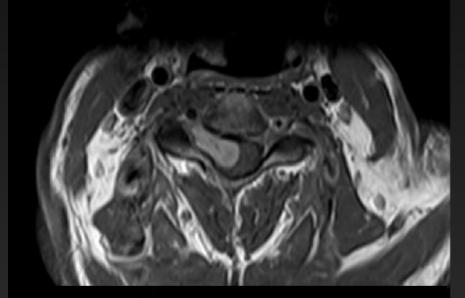


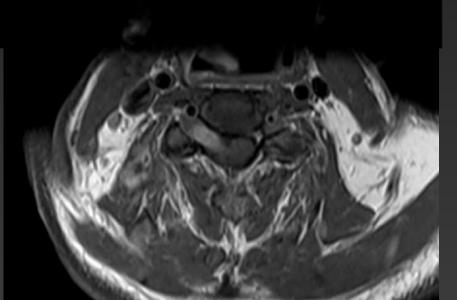














Treatment?



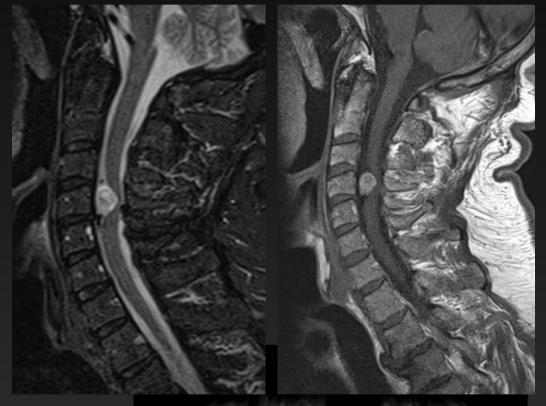
Preop workup?

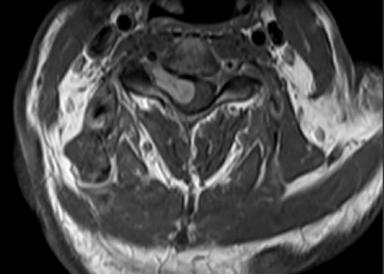


Preop workup?

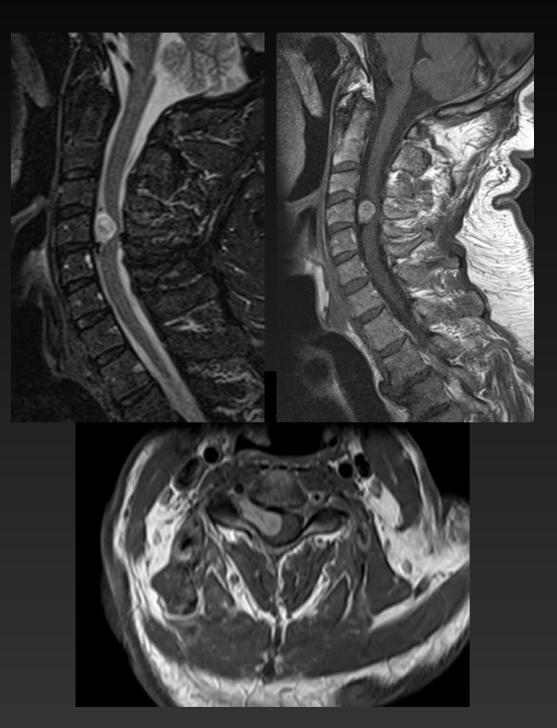
- •X-ray, oblique, flexion-extension?
- •CT scan?
- •EMG?
- •imaging of the neuroaxsis?
- •...?

•which nerve root (function) is at risk?







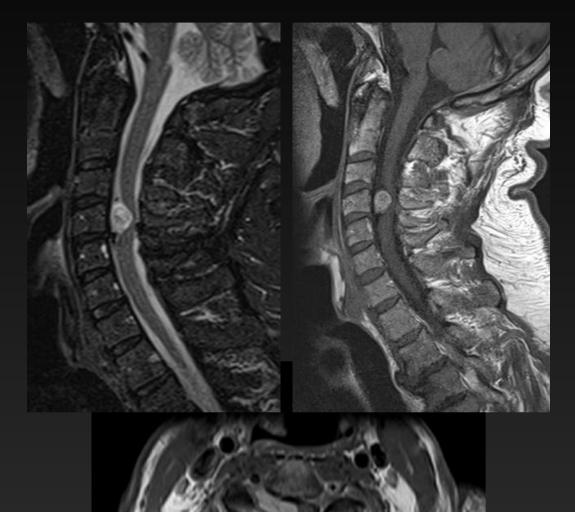


Approach?

anterior vs posterior

•what about radio surgery?





Approach?

anterior vs posterior

•what about radio surgery ?

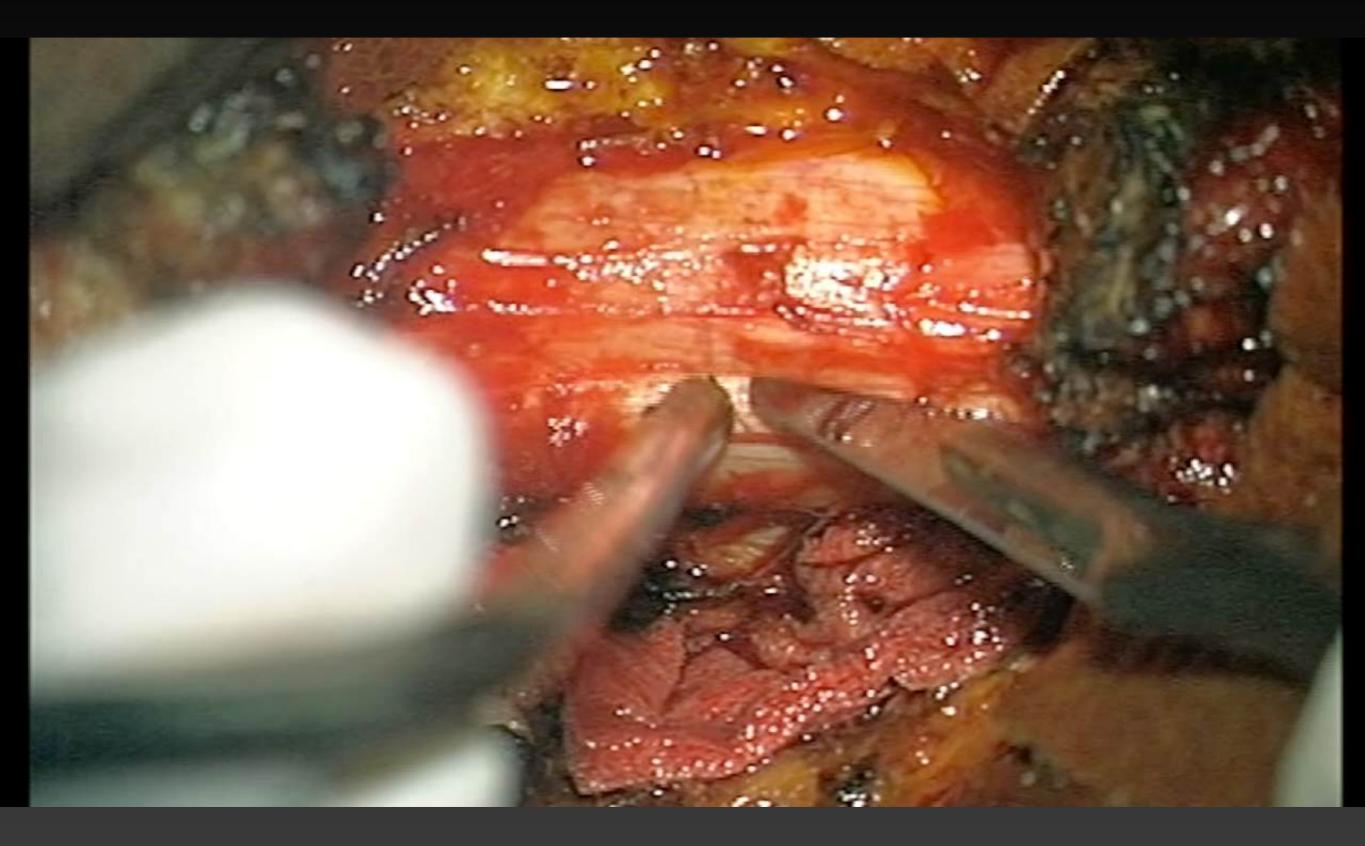
Intraop requirements?

•MEP, SSEP ?

•US, CUSA?









Pathology

•Schwannoma GI



C: 336,0, V Alc Contrast: DO



TR: 2720

TE: 90

AC: 2

3 yrs postop.

follow-up MRI

8.7.2019, 8:28:23 ✓ 26.3.1954. Current age: 68 years 56898 Prior: 1 of 1 5. t2_me2d_tra_p2 ✓ Sequence: *me2d1r4 Slice: 3 mm Dist: 3,3 mm TR: 489 TE: 18 AC: 2



18.6.2021., 12:29:54 ~

26.3.1954. Current age: 68 years 56898

7. t2_tse_TRA_rst_384 ZA MEDULU ~

Sequence: *tseR2d1rr19 Slice: 3 mm Dist: 3,6 mm TR: 5920 TE: 90 AC: 2

18.6.2021., 12:13:46 *

26.3.1954. Current age: 68 years 56898 2. t2_tse_sag_rst_384 ~

Sequence: *tseR2d1rr19 Slice: 3 mm Dist: 3,6 mm TR: 3453 TE: 90 AC: 2

> Pos: HFS Image no: 7 Image 8 of 14 18.6.2021., 12:1<u>8</u>:46 ~

> > Pos: HFS Image no: 5 Image 10 of 14 18.6.2021.. 12

5 yrs postop. follow-up MRI

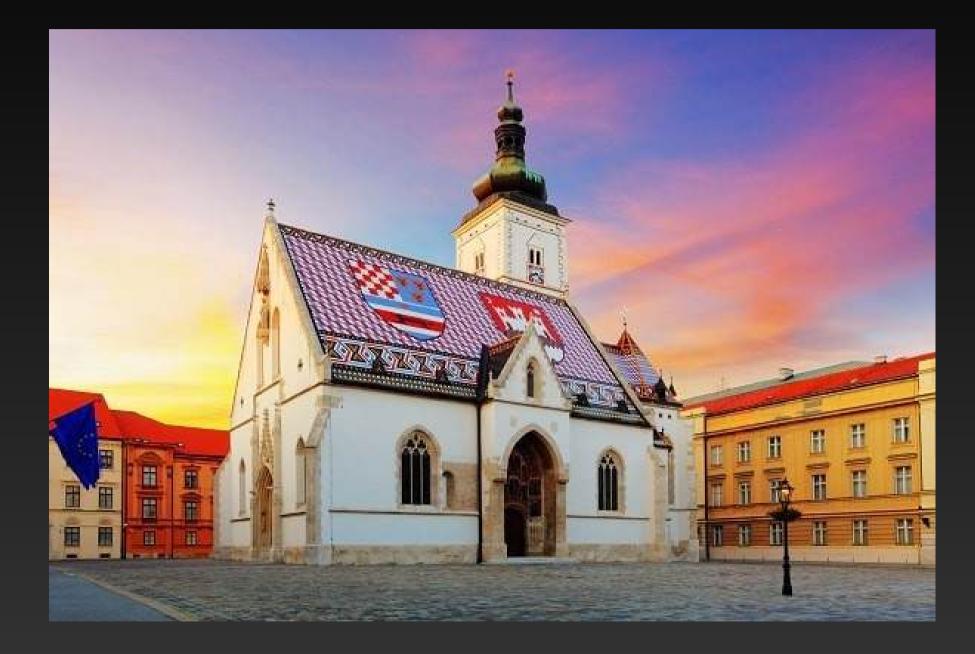


Pos: HFS Image no: 6

Dist: 3,3 mm TR: 501

1E: 9,3 AC: 2













- •34 y.o. female
- •Medical history : healthy

every day headaches, during one year
reduced acuity and blurred vision with left eye





100

t1_mpr_tra_p2_iso tence: *tfl3d1 1 mm 1930 5,57 100



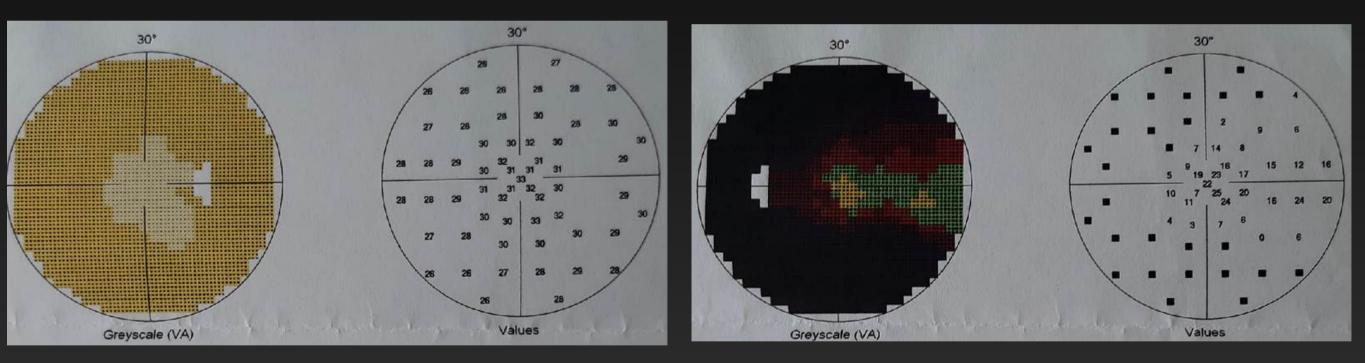
Case 2





RIGHT EYE





Dec, 2017



Case 2

13.10.2017., 10:44:16 ✓ 11.11.1983. Current age: 38 years 200504 Prior: 2 of 2 15. t1_mpr_tra_p2_iso ∽ Sequence: *tfl3d1

Sequence: *tfl: Slice: 1 mm TR: 1930 TE: 3,57 TI: 1100 AC: 1

13.10.2017., 9:56:56 ~

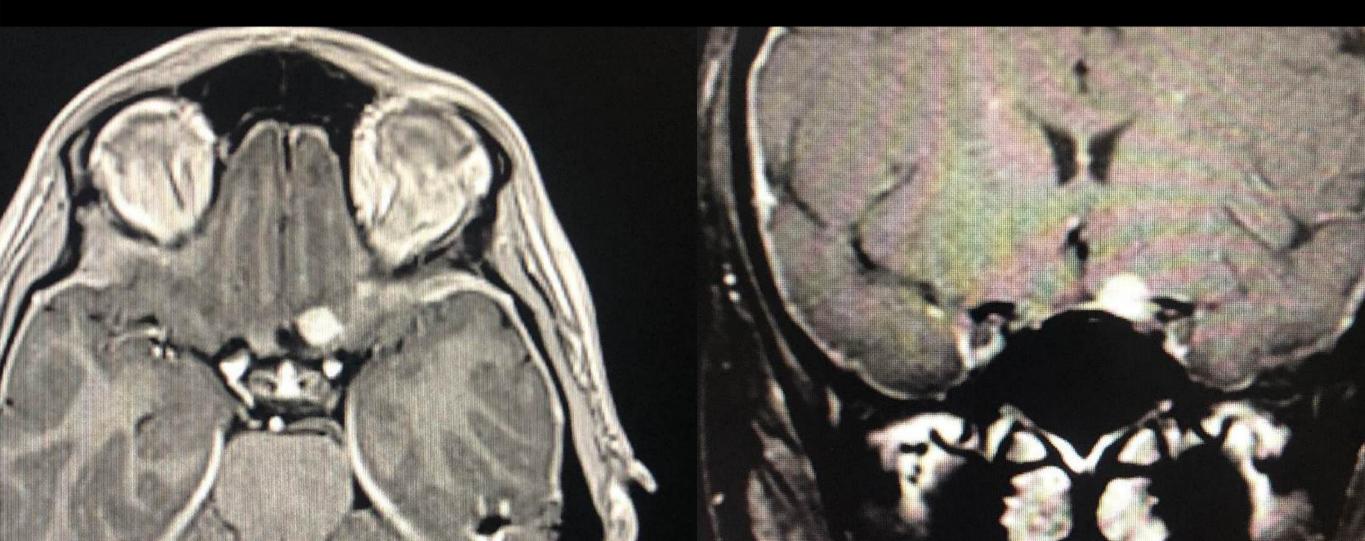
11.11.1983. Current age: 38 years 200504 Prior: 2 of 2 3. t2_tse_tra_448 ✓ Sequence: *tse2d1_16 Slice: 5 mm Dist: 6 mm TR: 4550 TE: 93 AC: 1



What next? Management options?



What next? Management options?





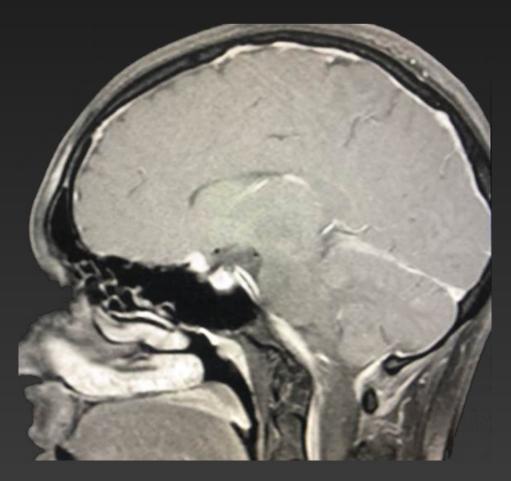
Preop workup?

•psychology assessment ?

•endocrinology ?

•further radiology (DSA..)?







Approach?

- •Craniotomy?
 - pterional
 - •LSO
 - eyebrow keyhole

•Which side ?

•Endonasal / transsphenoidal ?









Microsurgery

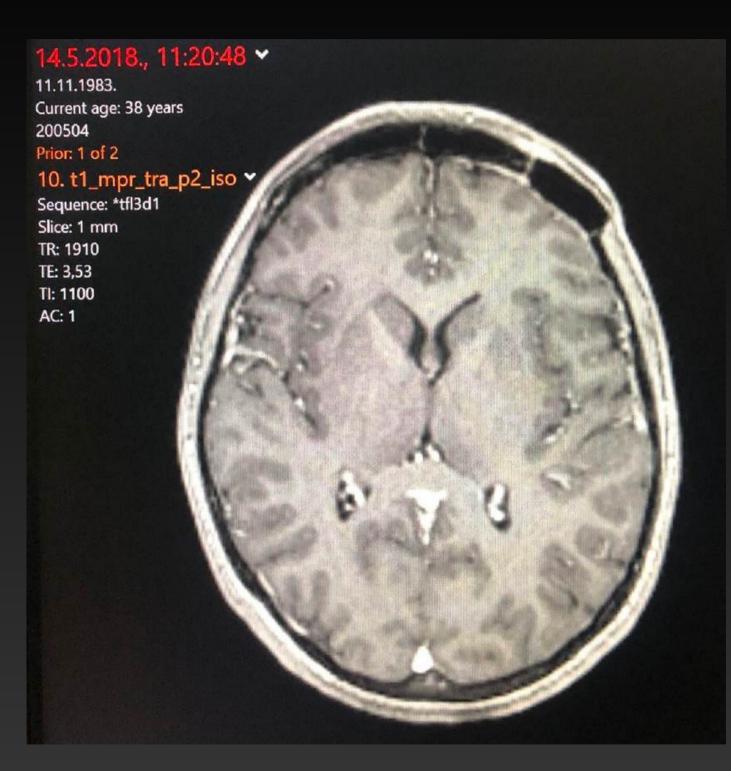
•preoperative ELD

left eyebrow keyhole, subfrontal approach



•Meningioma GI





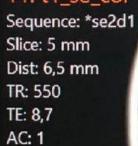
3 months postop.

10. t1_mpr_tra_p2_iso Sequence: *tfl3d1

Sequence: *tfl3d1 Slice: 1 mm TR: 1910 TE: 3,53 TI: 1100 AC: 1

14.5.2018., 11:24:48 🗸

11.11.1983. Current age: 38 years 200504 Prior: 1 of 2 11. t1_se_cor ❤





14.5.2018., 11:24:48 ¥

11.11.1983. Current age: 38 years 200504 Prior: 1 of 2 11. t1_se_cor ➤

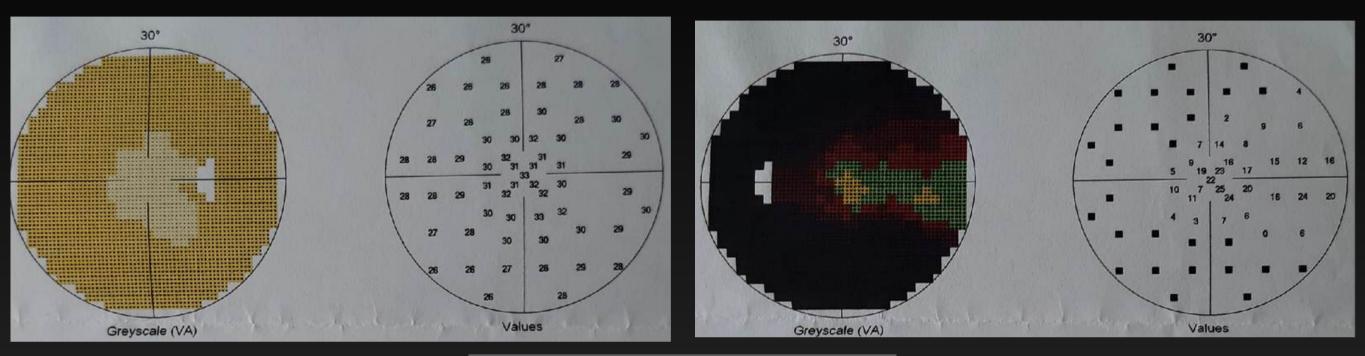
Sequence: *se2d1 Slice: 5 mm Dist: 6,5 mm TR: 550 TE: 8,7 AC: 1

3 months postop.

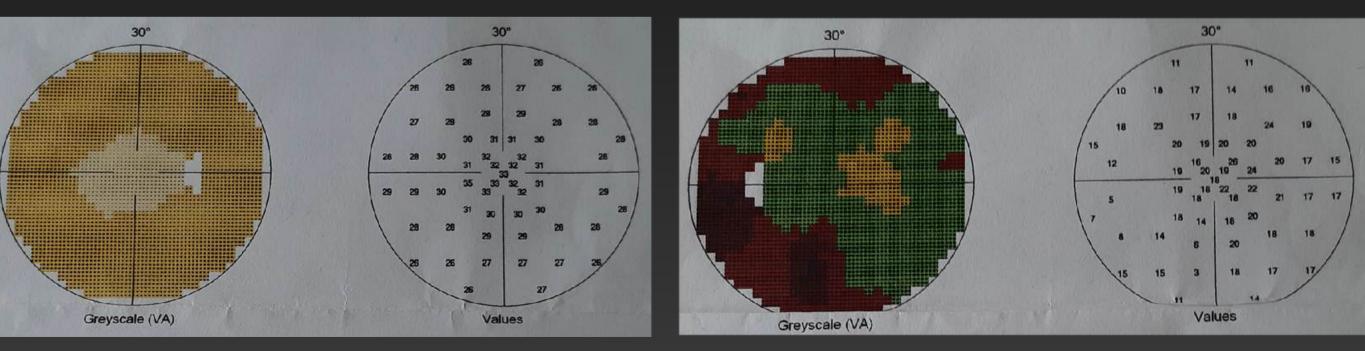


RIGHT EYE

LEFT EYE



preoperative, Dec 2017



3 months postop, May 2018



18 months postop.



1

6.9.2019., 9:52:58 *

11.11.1983. Current age: 38 years 200504 Prior: 1 of 3

9. t1_mpr_tra_p2_iso ¥

Sequence: *tfl3d1 Slice: 1 mm TR: 1930 TE: 3,57 TI: 1100 AC: 1

Pos: HFS



18 months postop.



.9.2019.,):52:58 🗸

1. 11.1983. Current age: 38 years 200504 Prior: 1 of 3

9. t1_mpr_tra_p2_iso ¥

Sequence: *tfl3d1 Slice: 1 mm TR: 1930 TE: 3,57 TI: 1100 AC: 1

Pos: HFS

1,5 T ; radiology: no certainty of tumour recurrence / progression



•during pregnancy rapid deterioration of vision on left eye

did not seek immediate medical attention

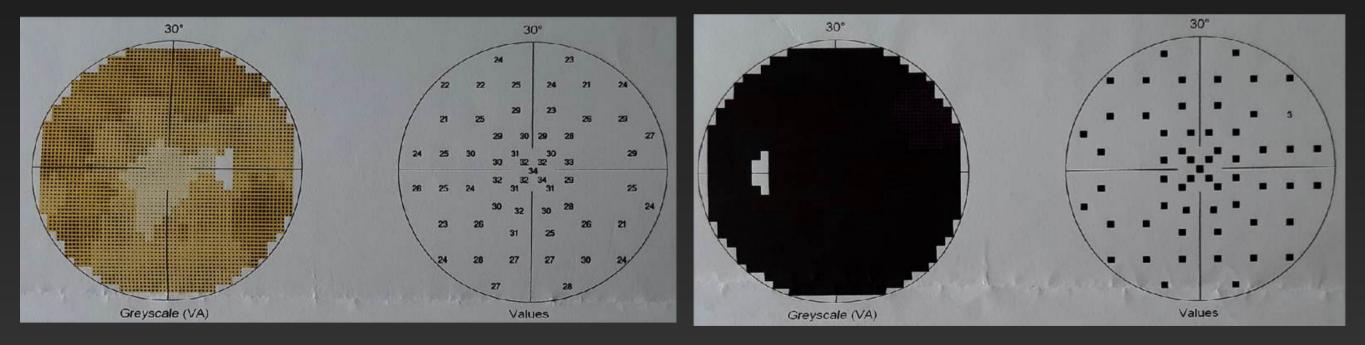


during pregnancy rapid deterioration of vision on left eye

did not seek immediate medical attention

RIGHT EYE

LEFT EYE



22 months postop, Dec 2019





Postopætaitie éolowpup

3 yrs postop.

21.1.2021., 9:13:20 *

11.11.1983. Current age: 38 years M-85216 17. t1_fl2d_tra FS ∽

Sequence: *fl2d1 Slice: 3 mm Dist: 3,9 mm TR: 749 TE: 2,48 AC: 2 Current age: 38 years M-85216 **18. t1_fl2d_cor FS** Sequence: *fl2d1 4 mm 5,2 mm 42 48

21.1.2021., 9:19:30 ✓ 11.11.1983. Current age: 38 years M-85216 18. t1_fl2d_cor FS Sequence: *fl2d1

Slice: 4 mm Dist: 5,2 mm TR: 642 TE: 2,48 AC: 2



3 yrs postop.

21.1.2021., 9:24:47 🗸

11.11.1983. Current age: 38 years M-85216

19. ciss3d_tra_iso 🌱

Sequence: *ci3d1 Slice: 0,6 mm TR: 8,17 TE: 3,76 AC: 1

15.3.2021., 9:33:35 ¥

11.11.1983. Current age: 38 years M-825216 Prior: 1 of 1

7. t1_mprage_tra_1mm +CE

Sequence: *tfl3d1_16 Slice: 1 mm TR: 2100 TE: 2,7 TI: 1010 AC: 1



What next? Management options?



Treatment?



Hypofractionated radiosurgery

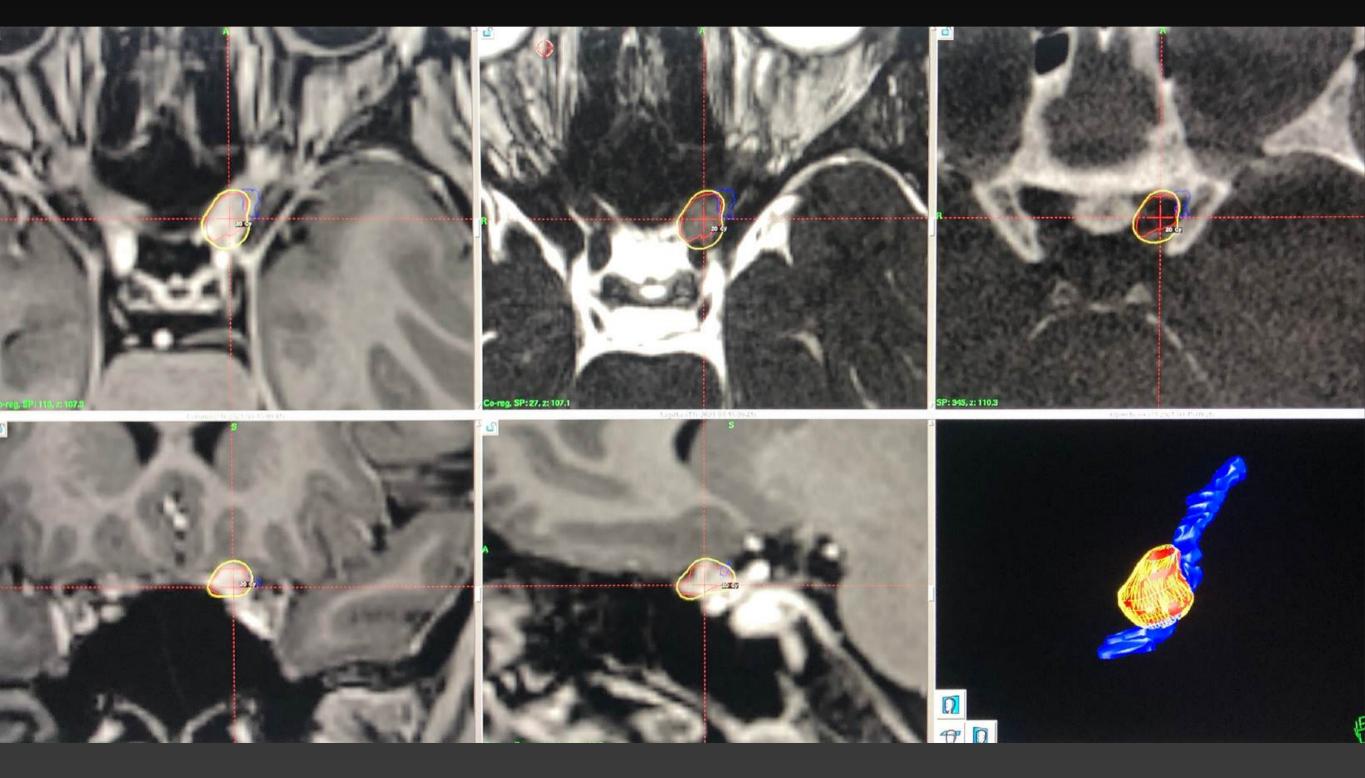






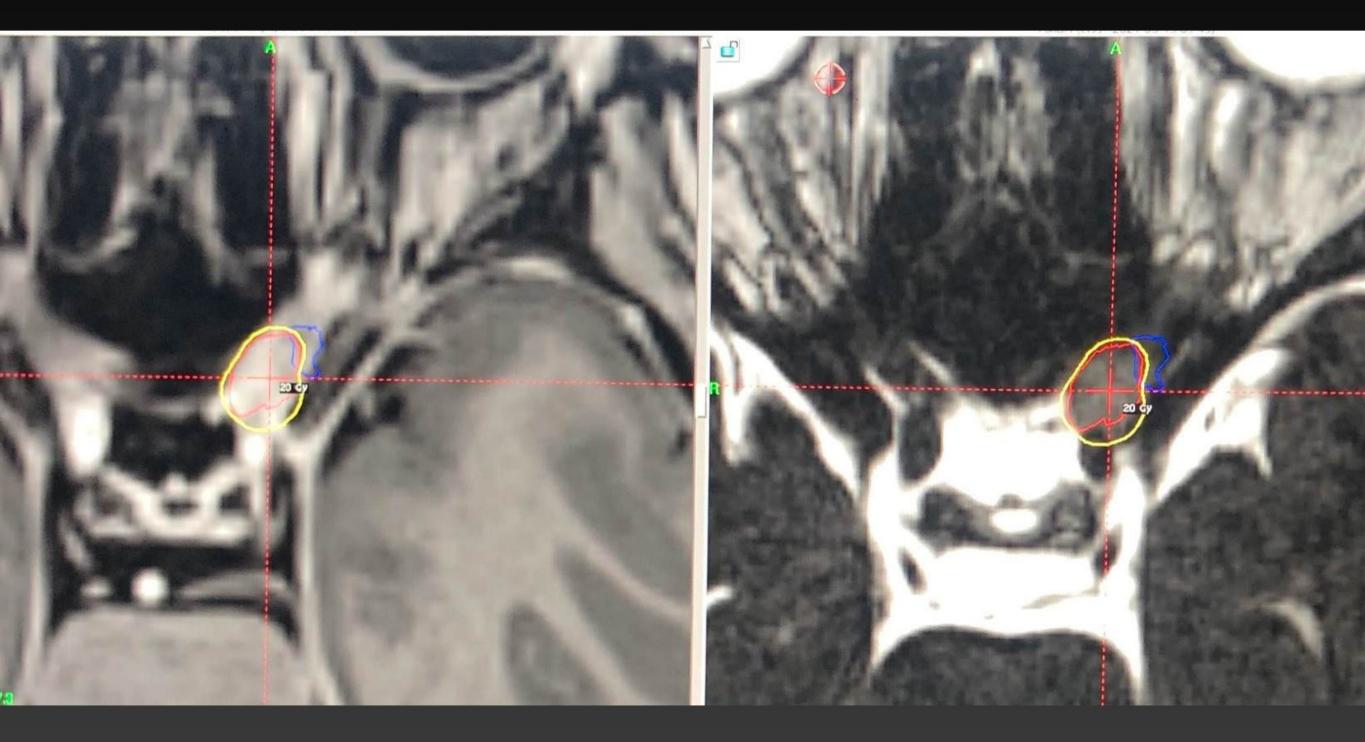


Hypofractionated radiosurgery





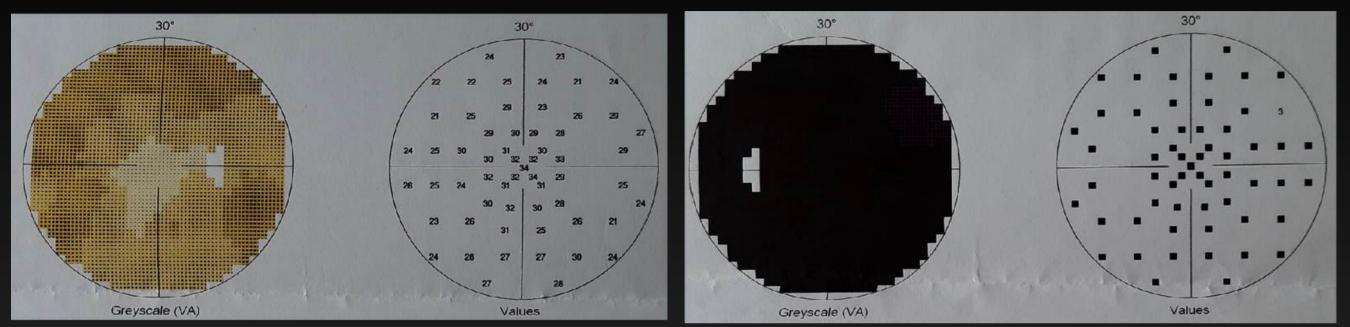
Hypofractionated radiosurgery



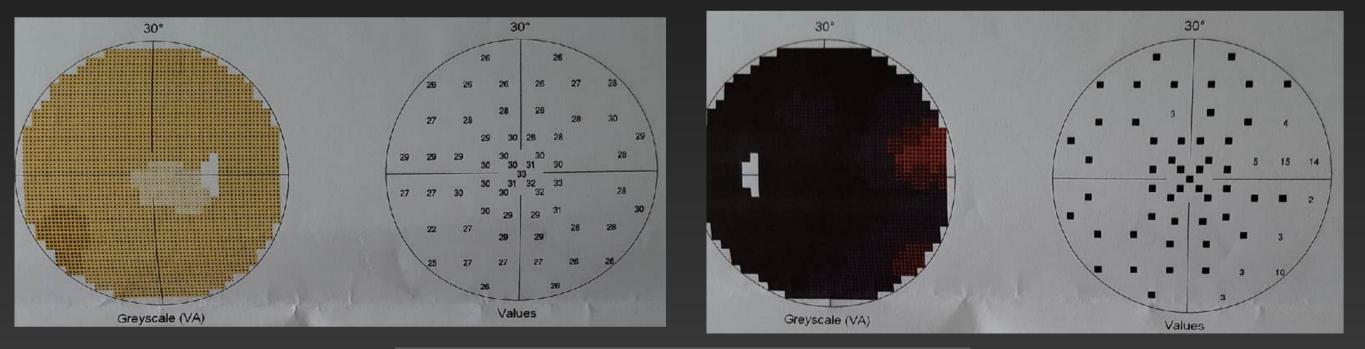


RIGHT EYE

LEFT EYE



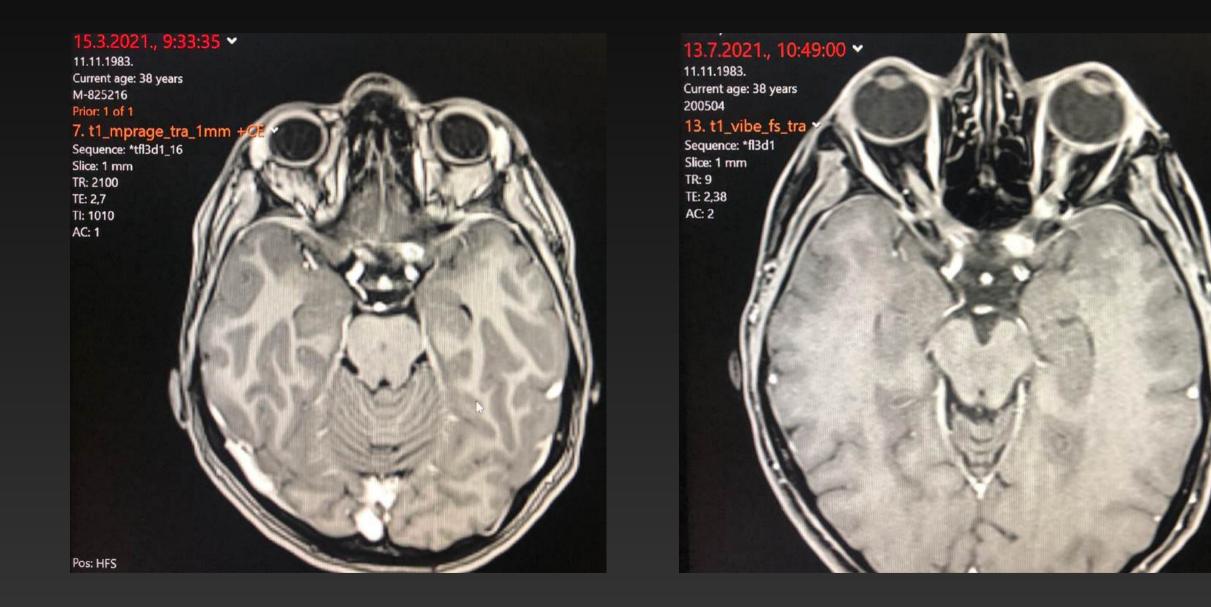
22 months postop, Dec 2019



6 months post GKRS, Sep 2021

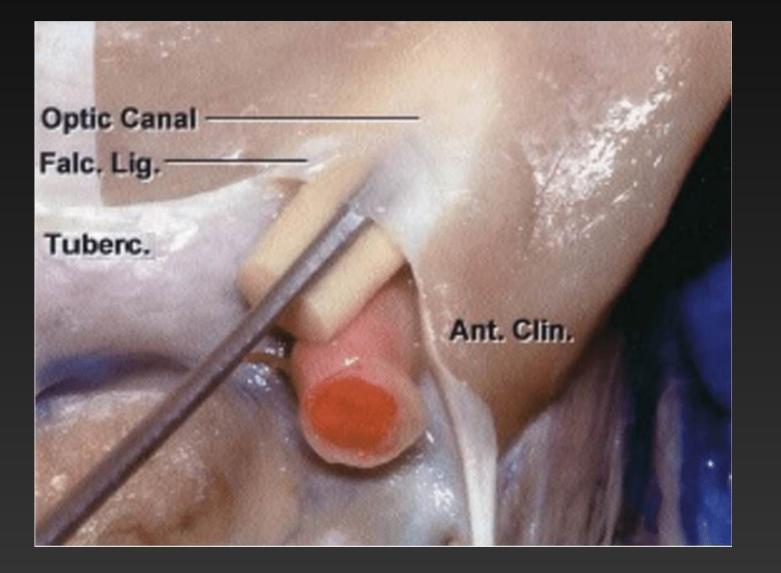


Postradiosurgical follow-up





Tumor recurrence?



Falciform lig. Ophthalm. A.

CN I

Carotid collar

ICA supraclin.



Tumor recurrence?

•unroofing of optic canal (not just falciform ligament transection..)

- •side of approach
- •follow up with 3T

igodol













•71 y.o. female

•Medical history : HA, diagnosed with breast carcinoma 4 years ago, treated surgically, and postop chemo/radiotherapy

 in August 2012 developed progressive back pain followed by paresthesiae in feet and weakness in calf muscles, occasional obstipation

•after 6 months progressive gait weakness, started using a crutch for walking

•shortly after development of urinary incontinence





•Dg workup?

•imaging of the spine (MR, CT; region?)

•EMNG of lower limbs

 modest to severe neural lesion in feet and calf muscles, signs of affection of upper motor neurons

•oncological staging (CT thorax-abdomen-pelvis)

•PET-CT

no signs of tumor recurrence or dissemination

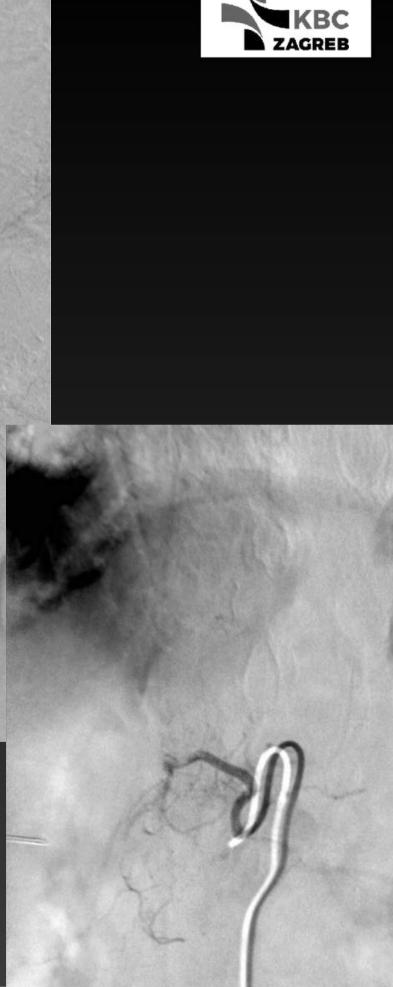
location of fistula

MR angio, coronal





L1 dex

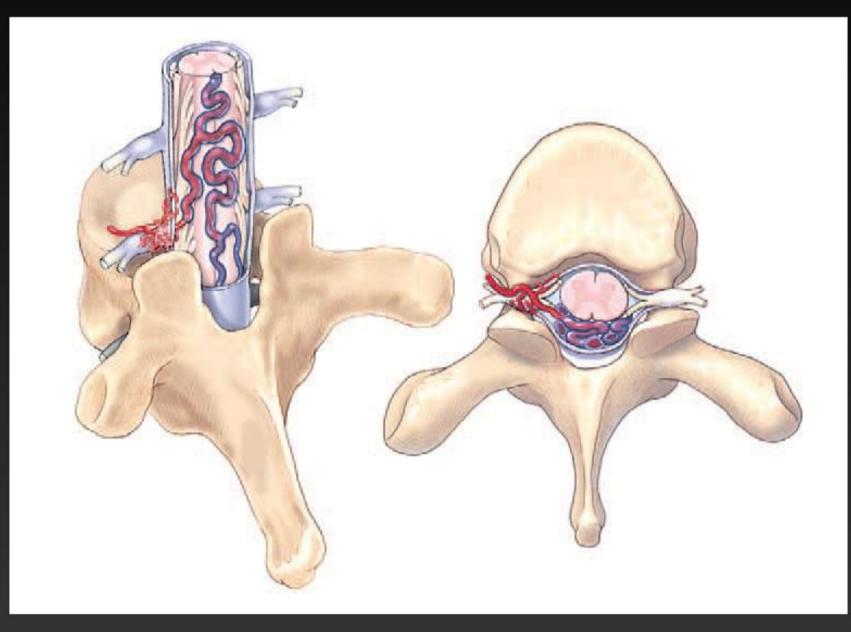




Pathophysiology

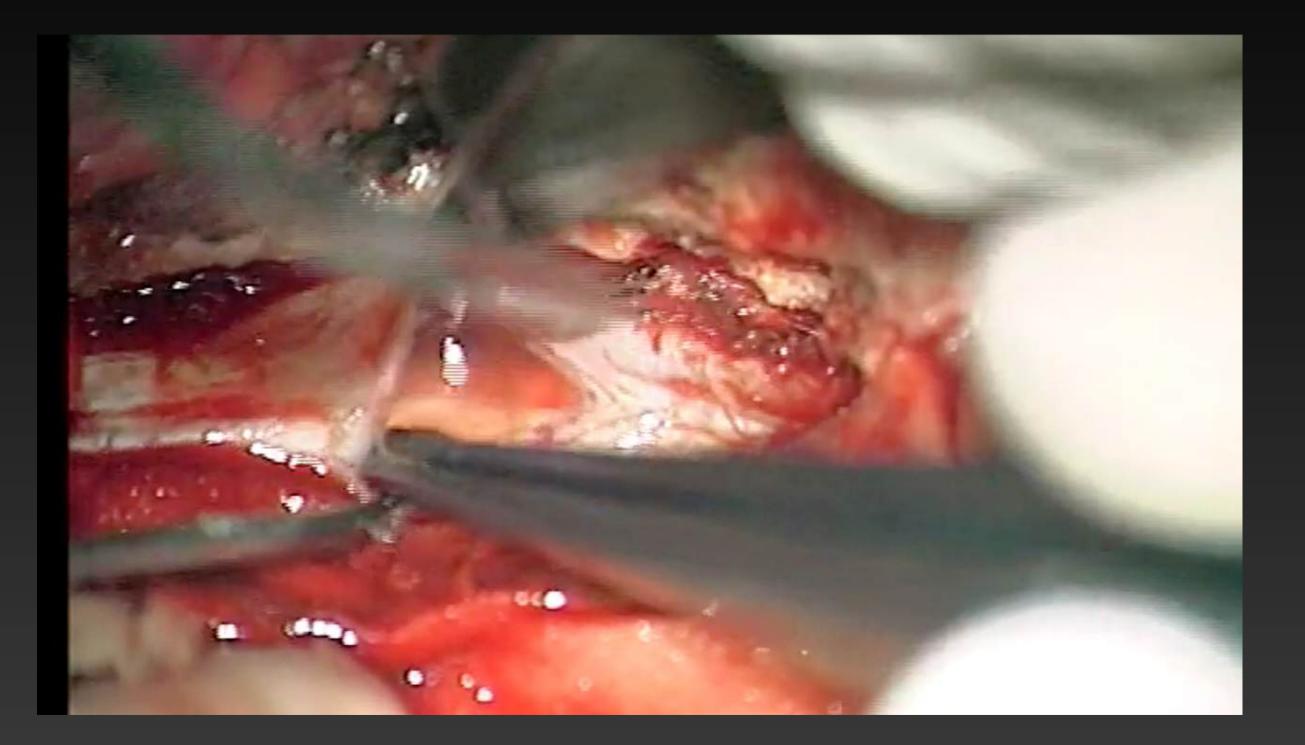
AV shunt is located inside the dura mater close to the spinal nerve root where the arterial blood from the radiculomeningeal artery enters a radicular vein, at the dorsal surface of the dural root sleeve in the intervertebral foramen

> Spetzler et al. J Neurosurg (Spine 2) 2002. **96:**145–156.





Surgery









•Regular follow-up

persisting spastic paraparesis

•persisting urinary incontinence (self-catheterisation twice daily), chronic obstipation

•no radiological signs of myelopathy on MR

regular physical therapy



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