









Skull Base: Operative Videos

Transnasal Endoscopic Approach for Resection of a Cavernous Sinus Cavernous Malformation

Runfeng Wang¹ Zhihong Li¹ Bo Ma¹ Zhiquo Zhang¹

J Neurol Surg B Skull Base 2022;83:e667-e668.

Address for correspondence Zhiguo Zhang, MD, PhD, Department of Neurosurgery, Tangdu Hospital, Fourth Military Medical University, 569 Xinsi Road, Xi'an, Shaanxi 710038, China (e-mail: zhiguofmmu@163.com).

Abstract

Objectives The complicated anatomy in the parasellar region of the middle cranial fossa renders a surgical challenge in the management of cavernous malformation in this region. We demonstrate the resection of a cavernous malformation in this operative video.

Design The procedure is presented via a surgical instructional video.

Setting The operation was performed by a skull base team in a tertiary neurosurgical center.

Participant A 49-year-old female presented with intermittent headache and right facial numbness for 6 months. Physical examination suggested a decreased sensation of pain, temperature, and light-touch on the right side of the face. Magnetic resonance imaging indicated that a space-occupying lesion located in the middle cranial fossa. Results Gross total resection was achieved, and the cranial nerve function was

preserved.

Keywords

transnasal endoscopic approach

► middle cranial fossa

cavernous sinus

cavernous malformation **Conclusion** The lesion involving middle cranial fossa should be managed meticulously. Transnasal endoscopic approach is a good option for the resection of the lesion. Simultaneously, the cavernous sinus should be protected to a great extent in case of bleeding and cranial nerve injury.

The link to the video can be found at https://youtu.be/tbN8tuEb6nM (►Figs. 1 and 2).



www.thieme.com/skullbasevideos

www.thieme.com/jnlsbvideos

received January 30, 2021 accepted after revision November 12, 2022

DOI https://doi.org/ 10.1055/s-0042-1759872. ISSN 2193-6331.

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial-License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/ licenses/by-nc-nd/4.0/)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

¹Department of Neurosurgery, Tangdu Hospital, Fourth Military Medical University, Xi'an, China

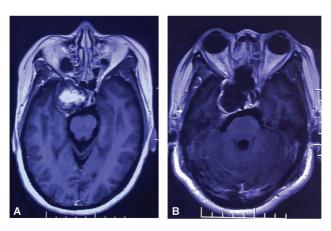


Fig. 1 Patient's magnetic resonance imaging (MRI). (A) Preoperative. (B) Postoperative.

Conflict of Interest None declared.

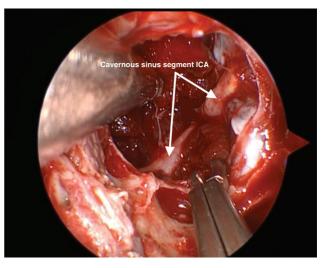


Fig. 2 Endoscopic view after the resection of the lesion and the cavernous sinus segment ICA. ICA, internal carotid artery.