



Modified Lateral Supraorbital Craniotomy with Posterior Orbitotomy and Anterior Clinoidectomy for Resection of a Midline Planum and Tuberculum Sellae Meningioma

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Abstract

Keywords

- ▶ anatomy
- ▶ case report
- ▶ craniotomy
- ▶ meningioma
- ▶ surgical video

The patient is a 51-year-old woman who had been experiencing syncope and near-syncope events for at least 10 years with an otherwise benign neurological exam. Magnetic resonance imaging revealed an extra-axial mass consistent with a midline planum and tuberculum sellae meningioma, for which the patient opted to have resected. We demonstrate how performing a posterior orbitotomy with anterior clinoidectomy can enhance a lateral supraorbital craniotomy. The patient did well following surgery, with marked improvement in syncopal symptoms. Pertinent surgical anatomy and techniques are highlighted in this video demonstration.

Video 1

This video demonstrates the resection of a midline planum and tuberculum sellae meningioma using a lateral supraorbital approach enhanced by a posterior orbitotomy and anterior clinoidectomy. Online content including video sequences viewable at: <https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0044-1795096>.

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