# Transtentorial Approach for a Tentorial Meningioma with Superior Extension: 3-Dimensional Operative Video

Ricardo Lourenço Caramanti, MD, MSc\*\*

Erica Antunes Effgen, MD\* Raysa Moreira Aprígio, MD\* Dionei Freitas de Moraes, MD\* Carlos Eduardo Rocha, MD\* Mário José Goes, MD\* Feres Chaddad-Neto, MD, PhD<sup>‡</sup>

\*Departament of Neurosurgery, São José do Rio Preto Medical School, São José do Rio Preto, Brazil \*Departament of Neurosurgery, Universidade Federal de São Paulo, São Paulo, Brazil

#### Correspondence:

Ricardo L. Camaranti, MD, MSc, Department of Neurosurgery, São José do Rio Preto Medical School, 1101 Abdo Muanis St, Apt 102, Block 3, São José do Rio Preto 15090-140, Brazil. Email: ricardocaramanti1987@gmail.com

Received, July 1, 2021. Accepted, September 29, 2021. Published Online, December 31, 2021.

Congress of Neurological Surgeons 2021. All rights reserved.

Tentorial meningiomas comprise about 5% of all intracranial meningiomas. This tumor grow pattern can be classified in superior, inferior, or both extensions. The classical surgical approaches for microsurgical resection of superior extended tumor are subtemporal or posterior interhemispheric which consists in a challenge for neurosurgeon due an important brain retraction necessary an access the lesion dural tail and elevated risk of vascular structures like vein of Labbé and superior sagittal sinus damage. The transtentorial approach is an interesting alternative which permits early access to tumor dural tail and vascularization control without great brain manipulation.

We present a 56-year-old patient with a tentorial meningioma with superior extension. The patient had a history of progressive loss of vision started about 3 months after admission associated with occipital headache. The neurologic investigation was performed by magnetic resonance imaging that revealed a meningioma located in the intermediate left side of tentorium, posterior to forth nerve entry point in tentorial edge. The patient underwent resection of the lesion through a transtentorial approach with lesion successfully resected. The patient presented the maintenance of initial evocated potentials and previous vision alterations in the post operatory. The pathology exam reveals a grade I meningioma.

In this video, authors present step by step the microsurgical technique to perform a transtentorial meningioma resection.

The patient consented to the procedure and publication of his images. The patient signed the Institutional Consent Form, which allows the use of his/her images and videos for any medical publications in conferences and/or scientific article.

Keywords; Meningioma, Tentorium, Supracerebellar infratentorial craniotomy, Transtentorial approach

Operative Neurosurgery 00:1, 2021

DOI: 10.1227/ONS.0000000000000062

## Watch now at https://dx.doi.org/10.1227/ONS.0000000000000062

## **Funding**

This study did not receive any funding or financial support.

### **Disclosures**

The authors have no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.