



Epidermoidi della fossa cranica posteriore

DIPARTIMENTO DI NEUROCHIRURGIA E NEURORADIOLOGIA

SECONDA UNIVERSITÀ DI NAPOLI

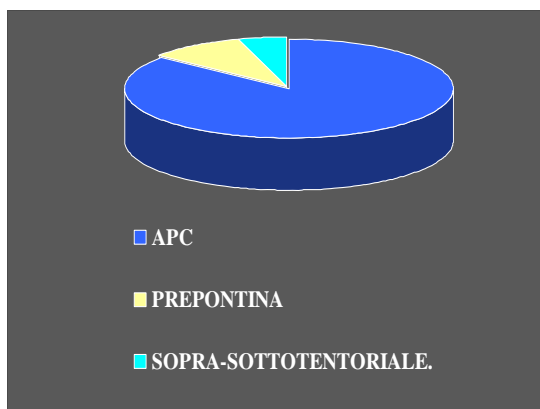
DIRETTORE: PROF. ALDO MORACI



EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE

CASISTICA DELLA CLINICA

- ✓ 21 casi dal 1975 al 2006
- ✓ 16 M, 5 F
- ✓ Epidermoidi:19
- ✓ Dermoidi: 2



**EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE*****SEGNI PREOPERATORI***

✓ Ipertensione endocranica	45%
✓ Danno del tronco encefalico	10%
✓ Meningite asettica	5%
✓ Epilessia	5%

**EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE*****SINTOMI PREOPERATORI***

✓ Danno cerebellare:	75% dei casi
• Sindrome statica:	50%
• Sindrome dinamica:	38%
• Tremore:	12%



EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

SINTOMI PREOPERATORI

- ✓ Danni irritativi o deficitari dei nervi cranici
 - Sindrome vertiginosa: 62%
 - Nistagmo: 48%
 - Ipoacusia: 48%
 - Emispasmo faciale: 24%
 - Diplopia: 24%
 - Nevralgia trigeminale: 24%
 - Disfagia, disfonia, disartria: 24%
 - Acufeni: 19%
 - Ptosi-strabismo: 10%



EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

APPROCCI CHIRURGICI

- ✓ Suboccipitale (mediano e laterale) 18 casi
- ✓ Subtemporale 1 caso
- ✓ Suboccipitale e pterionale (2 tempi) 1 caso
- ✓ Presigmoideo retrolabirintico 1 caso

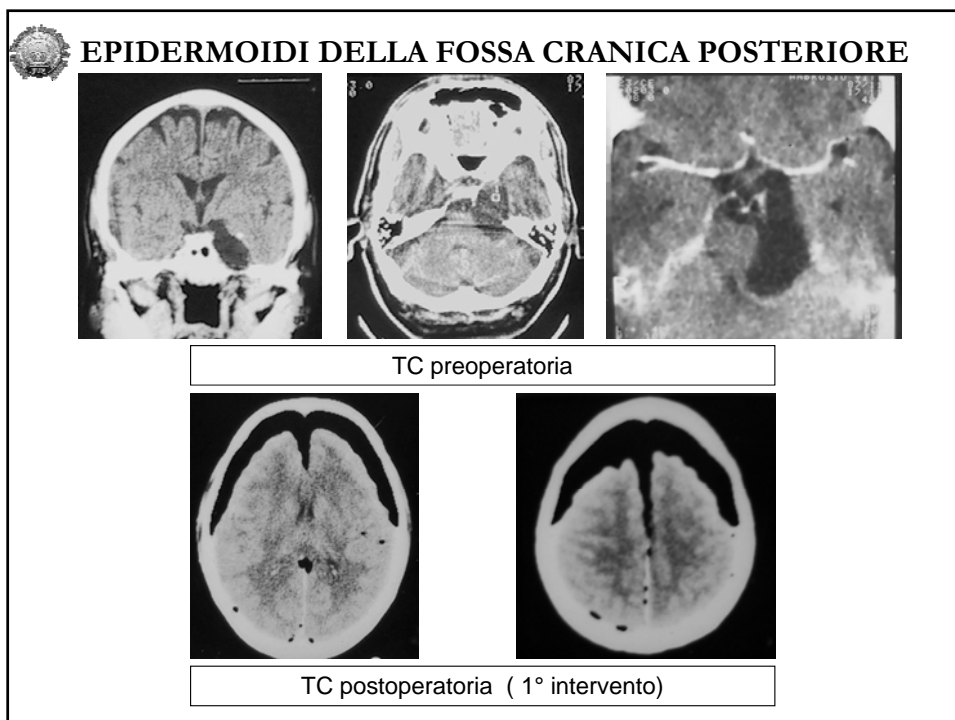
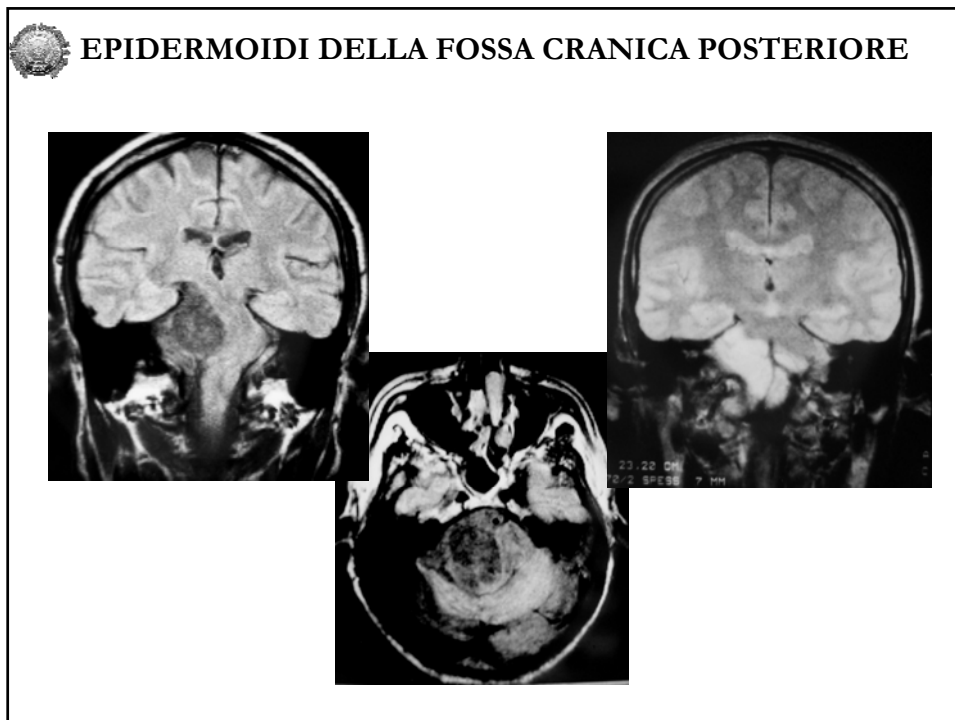
**EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE*****APPROCCI CHIRURGICI***

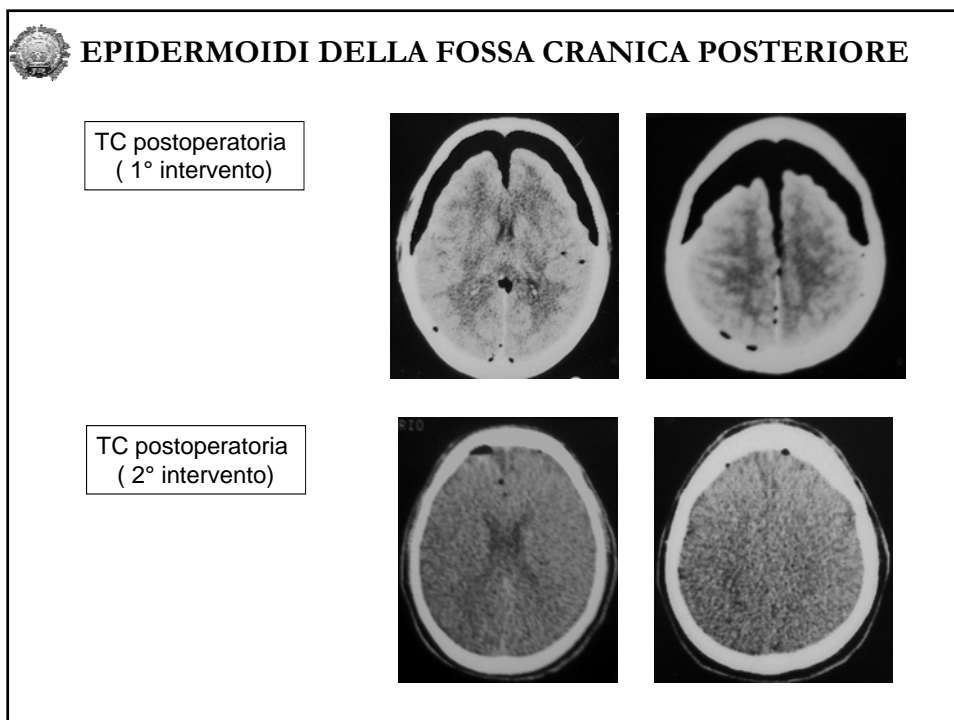
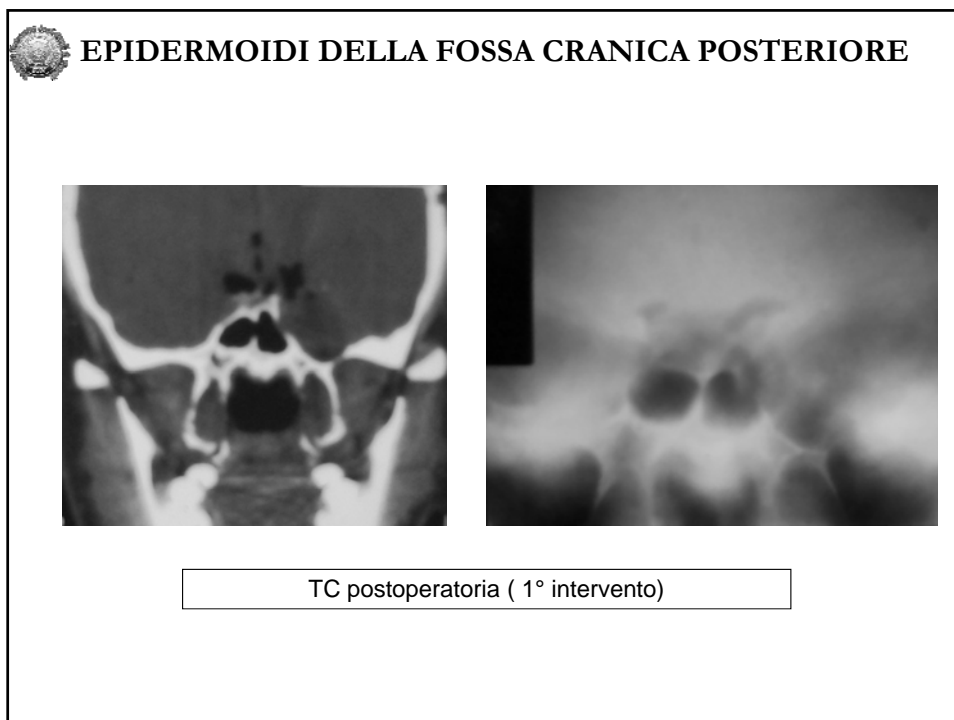
- ✓ Rimozione totale 9 casi (43%)
- ✓ Rimozione subtotale 12 casi (57%)

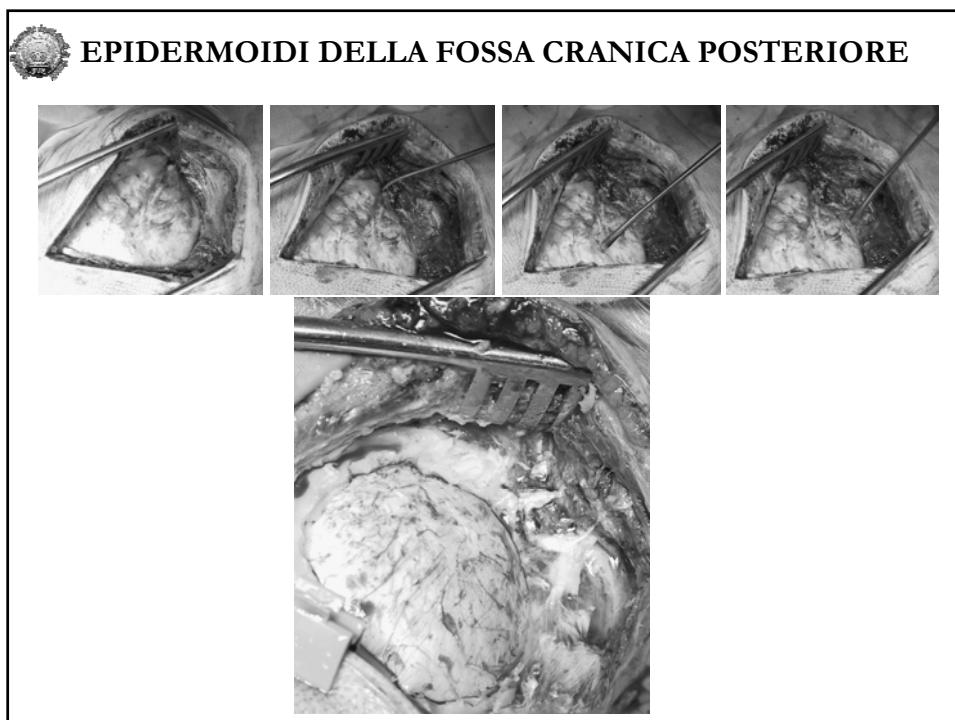
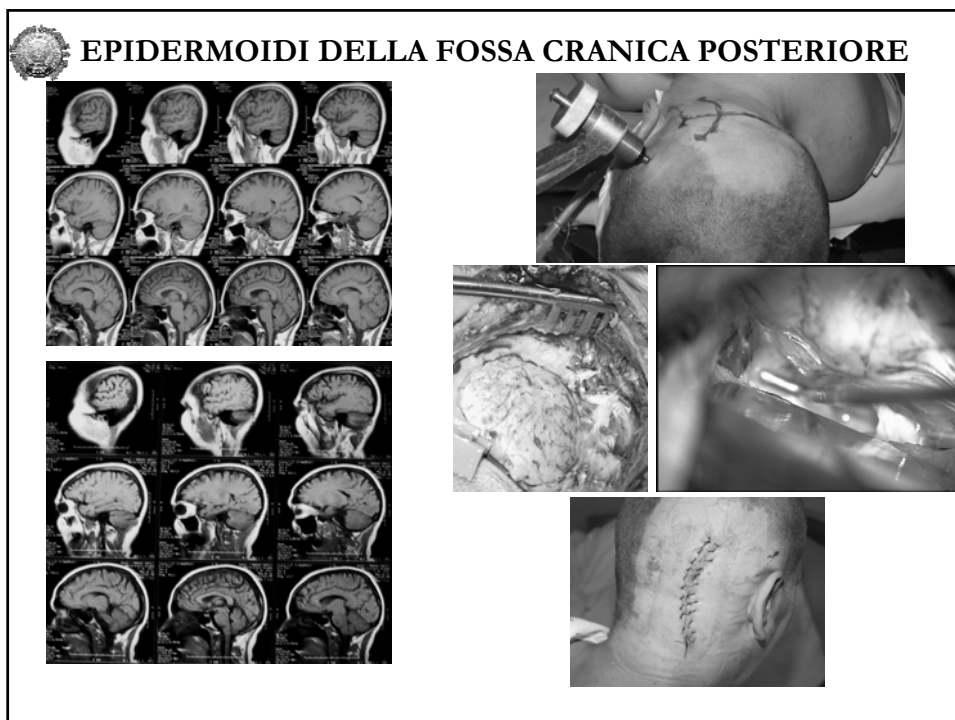
- ✓ Recidive trattate 6 casi
chirurgicamente

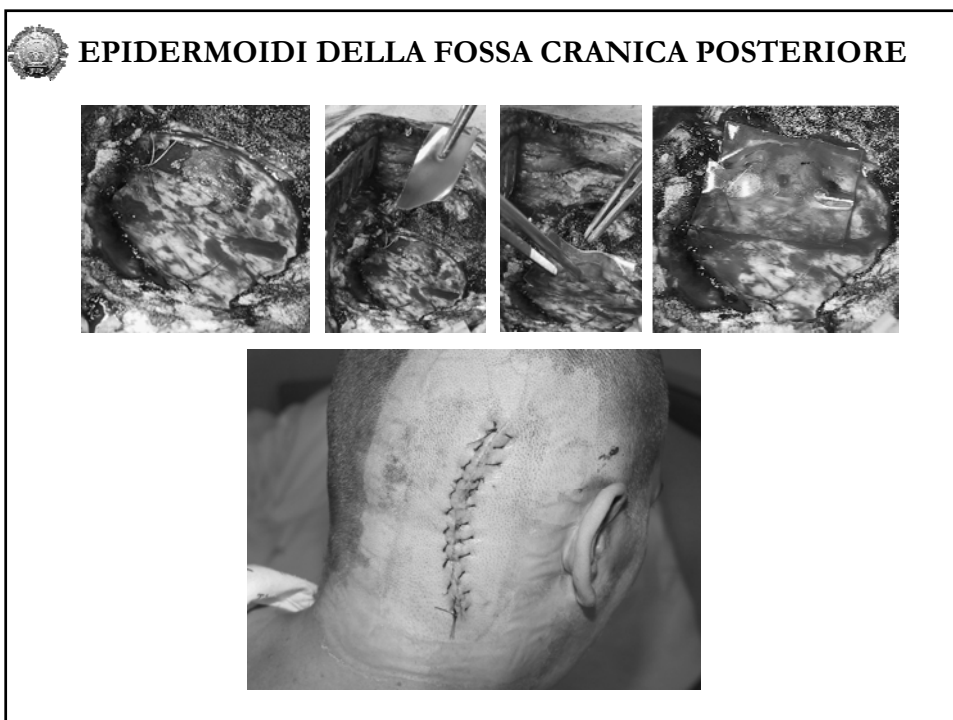
**EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE*****FOLLOW-UP*** (media: 8.6 anni)

- ✓ Miglioramento della sintomatologia: 80%
- ✓ Invariati: 15%
- ✓ Peggioramento della sintomatologia: 5%











EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

“Posterior fossa tumors were excised by either a medially or laterally positioned suboccipital osteoplastic craniotomy.

On removing the tumor a “surgical channel” is created, allowing successive access to more extensive areas”

Yasargil MG, Abernathy CD, Sarioglu AC. Microneurosurgical treatment of intracranial dermoid and epidermoid tumors. Neurosurgery. 1989 Apr;24(4):561-7.



EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

“Radical surgical removal should be attempted, but a less aggressive surgical strategy should be considered if there is strong adherence between the tumor capsule and the brain tissue, particularly in eloquent areas”

Iaconetta G, Carvalho GA, Vorkapic P, Samii M. Intracerebral epidermoid tumor: a case report and review of the literature. Surg Neurol. 2001 Apr;55(4):218-22



EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

“The partial labyrinthectomy petrous apicectomy approach provided improved access to neoplasms of the clivus and petrous apex and the posterior cavernous sinus area. This improvement in access permits more controlled and thorough treatment of these lesions, with reduced brain retraction and acceptable morbidity with respect to auditory function”

Sekhar LN, Schessel DA, Bucur SD, Raso JL, Wright DC. Partial labyrinthectomy petrous apicectomy approach to neoplastic and vascular lesions of the petroclival area. Neurosurgery. 1999 Mar;44(3):537-50



EPIDERMOIDI DELLA FOSSA CRANICA POSTERIORE

“Our data suggest that more aggressive surgery is called for at first operation, and that a second operation should be planned when regrowth becomes symptomatic and/or tends to extend outside its original site”

Talacchi A, Sala F, Alessandrini F, Turazzi S, Bricolo A. Assessment and surgical management of posterior fossa epidermoid tumors: report of 28 cases. Neurosurgery. 1998 Feb;42(2):242-51



EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE

“ The cyst capsule can adhere firmly to vital structures and attempts at its radical removal can be dangerous, subtotal resection may be a wise option in selected cases ”

Caldarelli M, Massimi L, Kondageski C, Di Rocco C. Intracranial midline dermoid and epidermoid cysts in children. J Neurosurg. 2004 May;100(5 Suppl Pediatrics):473-80.



EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE

“Extensive drilling of the petrous bone can be avoided. Gentle dissection of the tumour and capsule from the critical neurovascular structures can limit post-operative morbidity”

Goel A, Muzumdar D, Desai K. Anterior tentorium-based epidermoid tumours: results of radical surgical treatment in 96 cases. Br J Neurosurg. 2006 Jun;20(3):139-45.



EPIDERMIOIDI DELLA FOSSA CRANICA POSTERIORE

Conclusioni

Canali chirurgici e vie anatomiche

(per evitare petrosectomie non necessarie)

Asportazione parziale della capsula

(se l'asportazione totale della capsula espone a rischio le funzioni vascolo-nervose limitrofe)