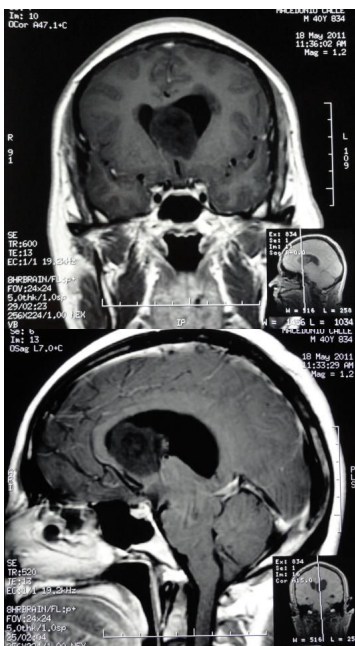


Left Intraventricular Tumour resected via Superior Frontal Transulcal Transcortical Approach

Bolivian male, 40 years, tailor, a history of evolutive headache of 6 months of evolution, last weeks with nausea and vomiting, admitted and waiting for surgical treatment of another surgical team, evolves with sensory impairment and generalized seizures.

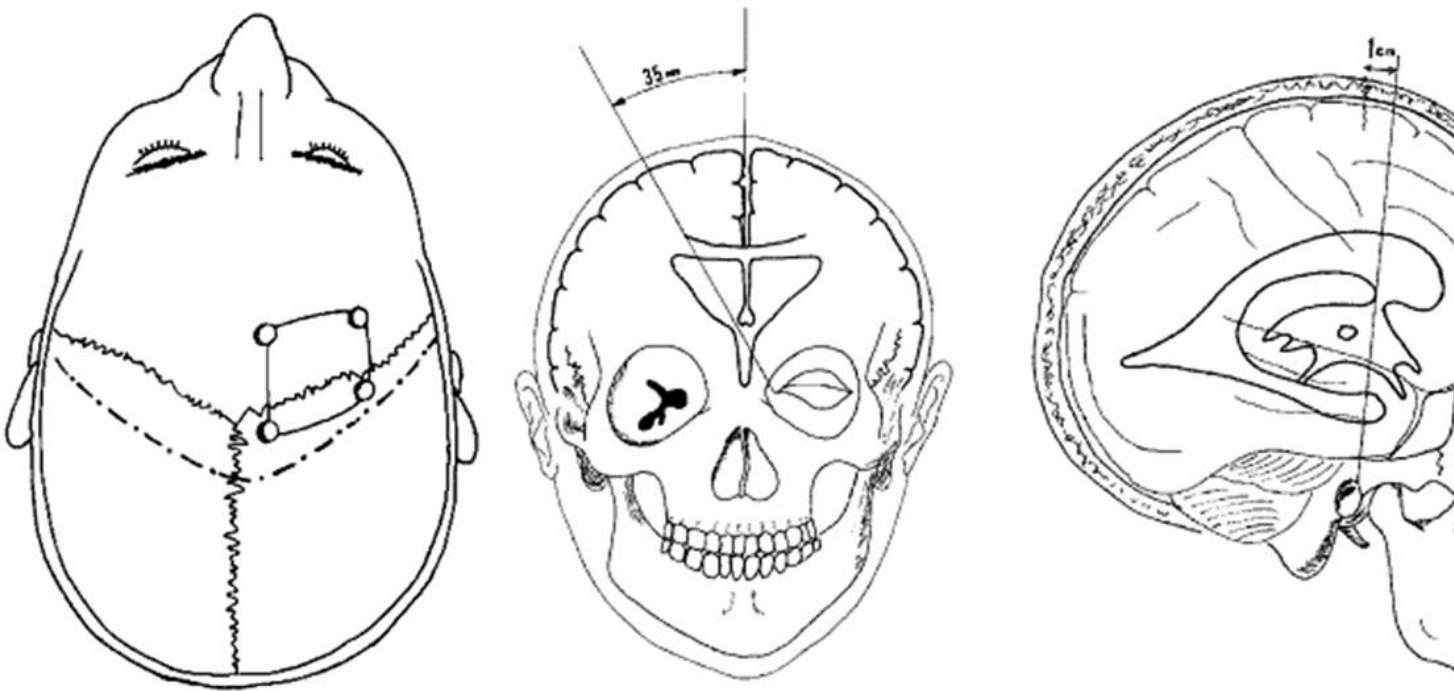
Presurgical brain TC shows an iso-hyperdense left intraventricular tumour with obstructive hydrocephalus and trans ependymal edema. Presurgical MRI shows a hypointense on T1-weighted image, not enhancement with the administration of paramagnetic contrast.



Left Intraventricular Tumour resected via Superior Frontal Transulcal Transcortical Approach

I apologize about the case, but have no more preoperative MRI sequences. Operated in a public hospital, with limited equipment resources.

A transcortical transulcal approach by the left superior frontal sulcus with a complete microscopic resection was performed.



The histopathological result was a low-grade glioma (WHO I). Patient did well with no neurological deficit and was discharged from hospital at 6th postsurgical day.

A brain TC at the day 21st postsurgical day is shown at the end of this presentation

Left Intraventricular Tumour resected via Superior Frontal Transulcal Transcortical Approach

