

Recognition of Neural Tracts in Brain Tumor Surgery for Patients' Quality of Life and Medical Safety

Fumio Yamaguchi MD, PhD; Hirotomo Ten MD, PhD; Tadashi Higuchi MD; Tomoko Omura; Koji Adachi; Takayuki Kitamura; Akio Morita MD, PhD

Department of neurological surgery, Nippon Medical School, Tokyo JPAN (FY, HT, TH, AM)

Department of neurological surgery, Nippon Medical School Chiba-hokuso Hospital, Chiba JPAN (TO)

Department of neurological surgery, Nippon Medical School Musashikosigi Hospital, Kanagawa JPAN (KA, TK)



Introduction

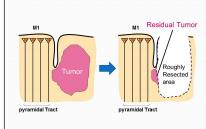
The preservation of motor tract in glioma surgery is an essential issue to maintain the patients' quality of life.

Information from DTI in neuronavigation image is not reliable due to brain edema and intraoperative brain shift. The best way to recognize the under-passing motor tract is real-time intraoperative neurophysiological identification of motor fibers.

Methods

An electrode (NY Tract Finder) designed for navigationassisted detection of motor tract in cerebral white matter, was used during the resection of 40 gliomas adjacent to motor tract. Multiple plastic needle sheaths were placed to track the motor fibers for surgical guidance after subcortical mapping (Pile Driving Technique). Neuronavigational information was used to determine the inserting direction but not the depth.

Glioma extending to Motor tract

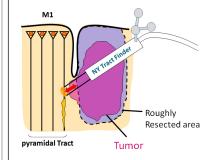


NY Tract Finder in combination with Navigation system



Bipolar needle electrode "NY Tract Finder" has a scale.

Recognition of Neural tracts by NY Tract Finder

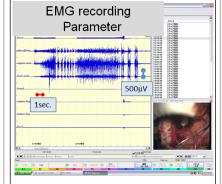


The depthly existing pyramidal tract can be electrically identified before injurying by excess removal.

Results

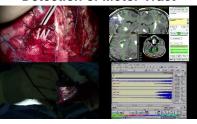
The tracking of motor fibers was practicable in surgical field. Inserted plastic tubes enabled the recognition of under-passing motor pathways even if they were not exposed. This method could guide safe resection of tumors without the injury of functioning motor fibers. No postoperative neurological deterioration occurred.

Monitoring Display showing muscle-MEP by pyramidal tract stimulation with minimal electical current



Step-down of electrical current can bring the tip of electrode in the closest proximity of neural tract.

Detection of Motor Tract



Characteristic m-MEP reactions by electrical stimulations at pyramidal tract

Plastic tube installed onto electrode for Pile Driving Technique

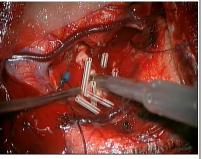


5mm-shorter tube for safety margin of resection. Only tubes are left after identification of Motor Tract.

Conclusions

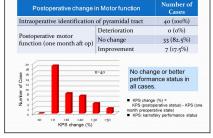
Three-dimensional
Recognition of Neural Tracts is
feasible by this method. Safe
tumor resections result in
protecting Patients' Quality of
Life and Medical Safety for
Brain Tumor Surgery.

Pile Driving Tecnique



Safe resection of tumors can performed without stepping into pyramidal tracts.

Functional outcome of the patients after Pile Driving Technique



Learning Objectives

Audience will learn the technique of intraoperative recognition of neural tracts and the importance of neurological preservation for patient's quality of life and medical safety.

References

- 1. Yamaguchi F, et al. J Neurooncol (2009) 93:121–5.
- 2. Yamaguchi F, et al. J Clin Neurosci (2007) 14:1106-10.