



RASMA, A Decision-Making Approach to the Surgical Treatment of Spinal Intradural Tumors

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Introduction

Intradural/extramedullary tumors comprise nearly half of all intraspinal tumors and 20%

are intramedullary tumors. Intradural tumors remain a challenging problem when deciding the correct procedure.

Methods

We are presenting an algorithm for decision-making regarding the need for surgery and the surgical approaches, based upon anatomy and unique surgical factors.

Results

RASMA is the acronym for the algorithm based upon the following five components: Radiological diagnosis, Axial dorso-ventral location, Sagittal extent of the tumor, Medullary or extramedullary component, Approach towards surgery. A posterior midline approach with laminectomy can be utilized for most posterior or

posterolateral lesions. For a posterior midline myelotomy, the dura is opened in the

midline providing the safest approach for intramedullary lesions. A posterolateral lesion

may be approached through the dorsal root entry zone. The plane of cleavage leads to

substantia gelatinosa at the posterior and medial aspect of the dorsal root. For lateral

lesions, a more liberal bony removal involving facetectomy and removal of pedicles may

be needed. Division of dentate ligaments with gentle traction provides further

visualization of the lateral aspect of the spinal cord. Anterior lesions that

Learning Objectives

By the conclusion of this session participants should be able to:

- 1)Various intradural tumor in the spinal cord
- 2)Surgical decision making for tumors within the spinal cord
- 3)Approach for surgical resection in intradural tumors

References

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