

Superior Parietal Lobule Approach for Choroid Plexus Papillomas Without Pre-operative Embolization in Very Young Children

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Introduction

Choroid plexus papillomas are rare neoplasms often found in the atrium of the lateral ventricle of infants that cause overproduction hydrocephalus. The extensive vascularity and medially located blood supply of these tumors, coupled with the young age of the patients, can make blood loss challenging. Pre-operative embolization has been advocated to reduce blood loss and prevent the need for transfusion, but this mandates radiation exposure and the additional risks of vessel injury and stroke.

Methods

We conducted a retrospective review of all children who presented to Columbia University/Morgan Stanley Children's Hospital of New York with a choroid plexus papilloma in the atrium of the lateral ventricle that underwent surgery using a superior parietal lobule approach without pre-operative embolization.

Results

Nine children were included with a median age of seven months. There were no perioperative complications or new neurological deficits. All patients had intraoperative blood loss of less than 100cc with a mean minimum hematocrit of 26.9 (range 19.6-36.2). No patients required a blood transfusion. Median follow-up was 50 months, during which time no patients demonstrated residual or recurrent tumor on MRI, nor did any have an increase in ventricular size or require CSF diversion.

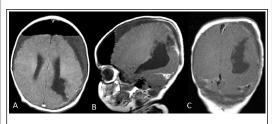


Figure 1: Post-operative MRI demonstrating gross total resection and the superior parietal lobule approach.

Conclusions

The superior parietal lobule approach is a safe and effective approach for very young children with choroid plexus papillomas in the atrium of the lateral ventricle. Our results suggest that preoperative embolization is not essential to avoid transfusion or achieve overall good outcomes in these patients. This management strategy avoids radiation exposure and the additional risks associated with embolization.

Learning Objectives

By the conclusion of this session, participants should be able to: 1)
Discuss the advantages and disadvantages of various corridors to and of pre-operative embolization of lateral ventricular choroid plexus papillomas, 2) Identify the advantages, techniques, and outcomes demonstrated for the superior parietal lobule approach without pre-operative embolization for these tumors.

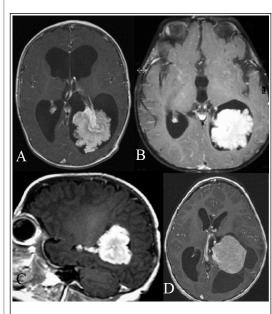


Figure 2: Four representative tumors demonstrating a variety of vascular pedicle anatomy.

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