

Taming the tiger: Safe removal of hypervascular solid hemangioblastoma of posterior fossa hitesh kumar ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

#### Introduction

Solid hemangioblastoma of posterior fossa is a formidable surgical challenge. These are benign tumors and associated with good long term outcome

#### Methods

: Retrospective analysis of 7 patients of solid hemangioblastomas of posterior fossa operated over last 5 years was done for clinical features, operative strategy and surgical outcome.

# Conclusions

Preoperative tumor embolization in large tumors, sitting position, good quality bipolar with irrigation leads to safe removal of these benign hypervascular tumors

#### Results

All patients underwent contrast CT and contrst MRI.digital subtraction angiography was done in tumors larger than 3 cm. Preoperative embolization was done in 2 cases. Two tumors were in medulla and others were in cerebellum.In 2 patients spinal hemangioblastoma was also removed in same procedure.Six patients had good outcome and 1 patient of medullary hemangioblastoma died after 2 weeks of ventillator associated pneumonia and sepsis. Sitting position was used in all cases and it helped in precise identification of source of bleeding, kept field clear and helped in looking at ventral aspect of tumor due to gravity assisted fall of tumor.None of our patient had air embolism. Nonsticky good quality bipolar with irrigation helps in dissection and hemostasis. sugical strategy of AVM surgery was followed in all cases.Preoperative embolization decreased blood loss in large tumors. In patient of medullary hemangioblastoma ,extensive preoperative T2 signal change from pons to cervical cord , resolved completely

## Learning Objectives

Understanding practical challenges a neurosurgeon faces in surgical removal of solid hemangioblastoma of posterior fossa.



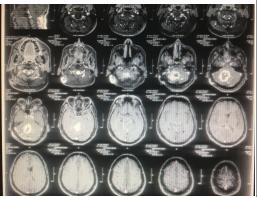


preoperative MRI image of medullary hemangioblastoma



postoperative contrast MRI showing complete removal of tumor

CASE 2



PREOP MRI

### References

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POSTOP CT SHOWING COMPLETE EXCISION