Developmental defects of the tentorium cerebelli

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Congenital defects of the tentorium cerebelli were observed in 16 of 90 cadaver cranial cavities examined. These consisted of tentorial dural bands in two, a hole in one case, transverse ridges in eight cases, and an aperture in five cases. In one specimen, the trochlear nerve made a spiral turn around the tentorial band before pursuing its forward course.

KEY WORDS • congenital defect • tentorium • cerebellum • anatomy
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Fig. 1. Left: Superior surface of the tentorium showing an oval hole (arrow). Right: Left oblique view of the same hole showing the variation of thickness of its margins. A portion of the superior surface of the cerebellum is seen through it.

Fig. 2. Superior surface of the tentorium from two subjects. Left: A slender tentorial band (arrow) is seen in the incisura tentorii on the left side. Right: A tentorial band is visible on the right side (large arrow). The small arrow indicates the trochlear nerve.
FIG. 3. Superior surface of the tentorium showing numerous transverse ridges. *Left:* Note one very prominent ridge (arrow). *Right:* Diagram showing a large number of transverse ridges near the attached margin of the tentorium cerebelli on both sides.

FIG. 4. Diagram showing the superior surface of the tentorium with a transverse ridge extending from the lower posterior part of the right surface of the falx cerebri to the superior surface of the tentorium cerebelli and the two transverse ridges on the left side.

cle on the side of uncal herniation, along with contralateral compression of the crus cerebri against the margin of the tentorium on the opposite side. Together, the two may lead to decerebrate rigidity. The additional presence of anomalous tentorial bands may account for variations in otherwise symmetrical pyramidal deficits.

The close relationship of the trochlear nerve with the tentorial band in the event of cerebral herniation may result in superior oblique palsy. Compression of the posterior cerebral artery and anterior choroidal artery by such a band may produce visual defects. Compression of the basal vein of Rosenthal by the dural band may lead to venous congestion.

The findings of a small hole, ridges, and apertures in the tentorium cerebelli appear to have no clinical significance.

References


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**FIG. 5.** Superior surface of the tentorium. *Left:* Apertures are seen on both sides. One prominent aperture is shown by the arrow. *Right:* Diagram showing a sieve-like portion of dura mater in front of a dural aperture on the left side.

1. Lungsgesch 18:15-19, 1954 (Ger)

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