Continuous intraoperative electromyographic monitoring of cranial nerves during resection of fourth ventricular tumors in children. Paul A. Grabb, A. Leland Albright, Robert J. Sclabassi, and Ian F. Pollack

Magnetic resonance imaging has proven to be an excellent method for demonstrating lesions within the fourth ventricle and brainstem. This advancement has provided neurosurgeons an impetus to remove lesions that lie adjacent to the floor of the fourth ventricle. In recent years surgeons have used anatomical markers in the fourth ventricular floor and direct electrical stimulation of the rhomboid fossa to guide their entry into the brainstem. However, mass lesions close to these landmarks may distort them and vitiate their usefulness.

In the present issue of Neurosurgical Focus, Grabb and associates report their experience with continuous intraoperative electromyographic monitoring of cranial nerves during resection of fourth ventricular tumors. As one of the reviewers of this work stated, "The authors make use of continuous recordings of electromyographic activity whereas most other reports have concerned electromyographic activity that was evoked by electrical stimulation of respective cranial nerves."