Intraorbital meningioma: resection through modified orbitozygomatic craniotomy

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Intraorbital meningiomas are challenging lesions to excise because of their location and the restricted surgical corridor available due to the presence of important neighboring structures. Lesions located in the posterior one-third of the orbit require skull base approaches for their exposure and safe resection.

Frontoorbital and modified orbitozygomatic (OZ) craniotomies may facilitate the exposure and resection of masses in the posterior intraorbital space. Specifically, the one-piece modified OZ craniotomy provides many advantages of the “full” OZ craniotomy (which includes a more extensive zygomatic osteotomy). The modified OZ approach minimizes the extent of frontal lobe retraction and provides ample amount of space for the surgeon to exploit all the working angles to resect the tumor.

The following video presentation discusses the nuances of technique for resection of an intraorbital meningioma through modified OZ approach and optic nerve decompression. The nuances of technique will be discussed.

The video can be found here: http://youtu.be/fP5X2QNr5qk. (http://thejns.org/doi/abs/10.3171/2012.V1.FOCUS11272)

Key Words • intraorbital meningioma • optic nerve decompression • orbitozygomatic craniotomy • video