Awake-craniotomy for cavernoma resection

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Cavernomas make up approximately 8%–15% of all intracranial vascular malformations, and the most common presenting symptom is seizures. Complete resection of the cavernoma and removal of the surrounding gliotic core presents a cure but poses a challenge if an eloquent brain is involved or with incomplete resection of the epileptogenic foci. The authors present the case of a 53-year-old man with intractable seizures from a left posterior temporal lobe cavernoma who underwent an awake craniotomy with intraoperative seizure monitoring via electrocorticography.

The video can be found here: <https://youtu.be/vxaikozg2g4>.

KEYWORDS cavernoma; awake craniotomy; seizures; video

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