Awake craniotomy for a cavernous angioma in the Broca's area

Lucas Alverne F. Albuquerque, MD,¹ Fátima C. Pessoa, MS,¹ Gabryella S. Diógenes, MS,¹ Felipe S. Borges, MD,² and Stélio C. Araújo Filho, MD¹

Departments of ¹Neurosurgery and ²Anesthesiology, Hospital Geral de Fortaleza, Ceará, Brazil

Cavernous angiomas constitute 5%–10% of cerebrovascular malformations and may cause seizure and neurological deficits from bleeding.⁴ The authors present a case of a 44-year-old man with a 3.5-year history of epilepsy without complete seizure control despite anticonvulsants. Brain MRI showed a 2.8 cm cavernous angioma at the left pars opercularis, also known as the Broca's area.³ The patient underwent an awake craniotomy for intraoperative cortical–subcortical language and sensory-motor mapping for a complete resection of the cavernous angioma and the hemosiderin rim.^{1–6} The procedure was uneventful, and the patient evolved seizure free and with no deficits.

The video can be found here: https://youtu.be/QajbLlSr_vg.

KEYWORDS awake craniotomy; eloquent area; cavernous angioma; brain mapping; Broca's area

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CORRESPONDENCE Lucas Alverne Freitas de Albuquerque: Hospital Geral de Fortaleza, Ceará, Brazil. lucasalverne@yahoo.com.br.