

Accepted Manuscript

Microvascular decompression of the Nervus Intermedius

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PII: S1878-8750(18)30897-0

DOI: [10.1016/j.wneu.2018.04.177](https://doi.org/10.1016/j.wneu.2018.04.177)

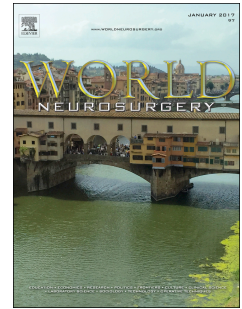
Reference: WNEU 8013

To appear in: *World Neurosurgery*

Received Date: 8 March 2018

Revised Date: 20 April 2018

Accepted Date: 21 April 2018



Please cite this article as: Pirillo V, Prontera A, Rizzo P, Schwarz A, Microvascular decompression of the Nervus Intermedius, *World Neurosurgery* (2018), doi: 10.1016/j.wneu.2018.04.177.

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Microvascular decompression of the Nervus Intermedius

Nervus Intermedius neuralgia is an extremely rare craniofacial neuralgia characterized by intermittent episodes of pain located deep in the ear that last for seconds or minutes and are often triggered by sensory or mechanical stimuli at the posterior wall of the auditory canal without any underlying pathology. Pain can be associated to disorders of lacrimation, salivation and taste. Despite the fact that the majority of cases is idiopathic, reports can be found in the literature where this neuralgia is secondary to a neurovascular conflict between the seventh cranial nerve and the anterior-inferior cerebellar artery, the posterior-inferior cerebellar artery, the vertebral artery or their branches.

For these cases a microvascular decompression procedure can be considered a valid therapeutic approach.

To the best of our knowledge a Nervus Intermedius microvascular decompression was reported in 15 cases of the literature.

In this video we describe the microsurgical decompression of the Nervus Intermedius in a 40 year old lady who described a 19 year history of short-lasting paroxysmic pain felt in the deep external acoustic meatus on the left side, refractory to medical treatment, with no disturbances of lacrimation, salivation or taste.

The MR imaging suggested a conflict between the acoustic-facial complex in its cysternal portion and the anterior-inferior cerebellar artery (AICA). After neurology, ENT and stomatology referrals no conclusions led to malignancy or post-infective disorders.

After a standard left retrosigmoid craniectomy in the park-bench position and dural opening we observed a contact between the AICA lateral pontomedullary segment and the acoustic-facial complex; after isolating and mobilizing the AICA we also noticed a branch, in our conclusion the perforating recurrent branch, conflicting with the Nervus Intermedius.

The neurovascular structures were isolated and transposed using a Gore-Tex band (GORE-TEX® Soft Tissue Patch, GORE).

Following surgery our patient displayed complete remission from her symptoms and was discharged from hospital on postoperative-day 5, free of complications.

This case underlines the importance that a deep knowledge of the ponto-cerebellar angle vascular and neurological structures is essential for the treatment of Nervus Intermedius neuralgia.

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