12. MICROSURGICAL TACTICS OF IV VENTRICLE INFILTRATIVE EPENDYMOMAS

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Introduction. Indicators of survival without recurrence at 5 years in intracranial ependymomas range within 23-50%, with an overall survival of 40-60%.

Case statement. Patient B., 6 y.o., presents to the ED with periodic headache, vomiting and seizures, with a history of being sick for 6 months. The disease started with vomiting and unsteady gait. Two weeks before admission to the INN "Diomid Gherman", the boy developed tonic convulsions with loss of consciousness and repeated vomiting. Neurological status: Awake but drowsy. Symmetrical pupils. Pupillary reaction preserved. Convergence absent. Mild central paresis of the VII nerve. Somatosensory deficit is absent. Tendinous and periosteal reflexes accentuated on the left, slight clonus of the soles bilaterally. Pozitive Romberg test. Coordination tests are disrupted. Fundoscopic examination revealed congestion of the optic nerves with hemorrhage. CT scan in the region of the cerebellar vermis and IV ventricle revealed the presence of a tumor with irregular contour. Third ventricle and lateral ventricles are moderately dilated. Surgical treatment: Removal of the tumor of the IV ventricle. Incision of soft tissues on the midline in the occipito-cervical region. Osteoplastic trepanation of the occipital bone. The arch of the first cervical vertebra is resected. Incision in ”Y,, of the dura mater. When examining the IV ventricle through the Magendie foramen, the tumor is detected. At a depth of 1 cm, the gray and soft tumor is determined. The tumor occupies the entire cavity of the IV ventricle, extending into both lateral apertures and into the "calamus scriptorius" region and infiltrating in the inferior wall. The tumor is richly vascularized. Total removal was carried out. Haemostasis. The layered closure of the wound. Biopsy revealed anaplastic ependymoma. CT control revealed the absence of residual tumor.

Discussions. During surgery, the region of lateral apertures of the IV ventricle is obligatorily revised to exclude extraventricular expansion of the tumor through the Lushka foramen, into the lateral cisterna of the pons and on its ventral surface.

Conclusion. Microsurgical removal of infiltrative growth ependymoma should be performed up to the microscopic level of determination of brain substance, which must form all walls of the operative defect.