

Cerebellar infarction Surgery

The choice can be made between [ventriculostomy](#) (external ventricular drainage; EVD), [suboccipital decompressive craniectomy](#) (SODC)

Surgical indications

The surgical treatment is decided when there are threats of herniation or brain stem compression.

Surgical decompression should probably be done as soon as any of the following signs develop if there is no response to medical therapy.

It is important to recognize a [lateral medullary syndrome](#) (LMS) which may often accompany a [cerebellar infarct](#). With LMS, the signs are usually present from the onset (dysphagia, dysarthria, Horner syndrome, ipsilateral facial numbness, crossed sensory loss...), and are not accompanied by a change in sensorium. There is no place for surgical decompression in LMS since it represents primary brainstem ischemia and not compression.

Findings proceed in the approximate following sequence if there is no intervention:

1. abducens (VI) nerve palsy
2. loss of ipsilateral gaze (compression of VI nucleus and lateral gaze center)
3. peripheral facial nerve paresis (compression of facial colliculus)
4. confusion and somnolence (may be partly due to developing hydrocephalus)
5. Babinski sign
6. hemiparesis
7. lethargy
8. small but reactive pupils
9. coma
10. posturing→flaccidity
11. ataxic respirations

In an institution experience for patients with worsening levels of consciousness and radiologically evident ventricular enlargement, they recommend external ventricular drainage, and reserve surgical resection of necrotic tissue for patients whose clinical status worsens despite ventriculostomy, those for whom worsening is accompanied by signs of brainstem compression, and those with tight posterior fossae ¹.

Suboccipital Decompressive Craniectomy for Cerebellar Infarction

[Suboccipital Decompressive Craniectomy for Cerebellar Infarction](#)

References

¹⁾
Raco A, Caroli E, Isidori A, Salvati M. Management of acute cerebellar infarction: one institution's experience. Neurosurgery. 2003 Nov;53(5):1061-5; discussion 1065-6. PubMed PMID: 14580272.

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