Biopsy of DIPG Neuronavigation - Medtronic

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- Stealth station

- S7



Technique

-Installation: lateral position, head mild-flexed and -tilted
 ⇒ vertical trajectory (needle)

-Mayfield 3-point headholder

-Short vertical skin incision : 1/3 mastoid – 2/3 external occipital protuberance,

-Skull opening: hole 1 cm diameter,
2 cm below the lateral sinus

-Dura mater: cross-shape incision, coagulation of the cortex

Trajectory and target

- -Through the cerebellar peduncle (« in the fat »)
- One trajectory

-Target: 6-7 cm from the skin

Middle of the pons / pons-peduncle junction

Far from the basilar artery

Far from fourth ventricle floor

-Side: Where the tumour is the biggest

Contraste-enhancement

Clinical consideration:

- kinetic cerebellar sd

- Avoid the side of the dominant hand if no

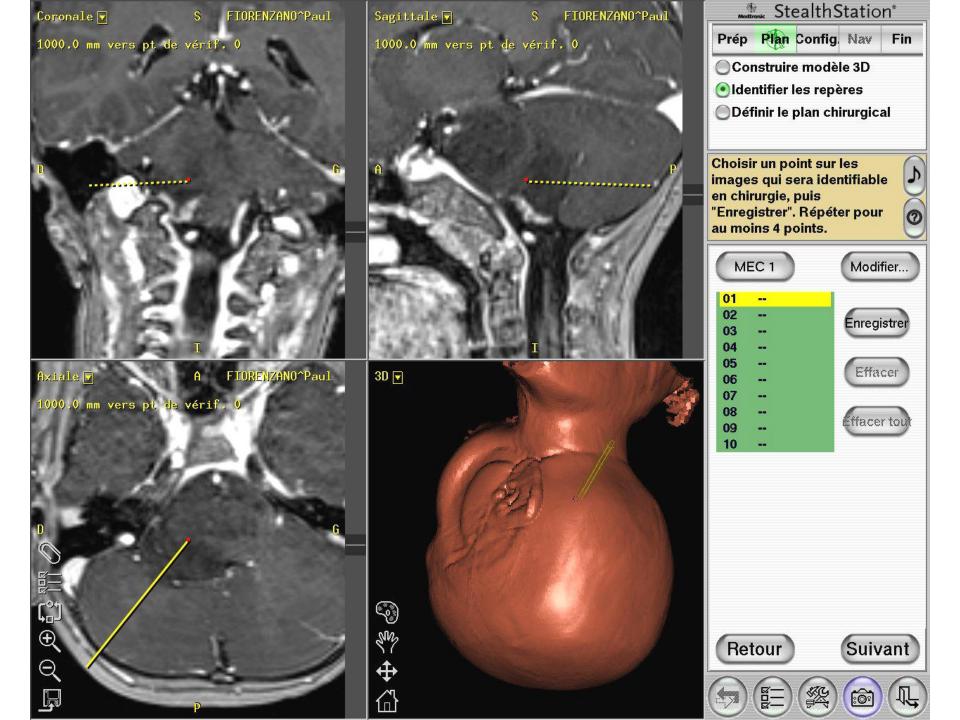
lateralization of the deficit

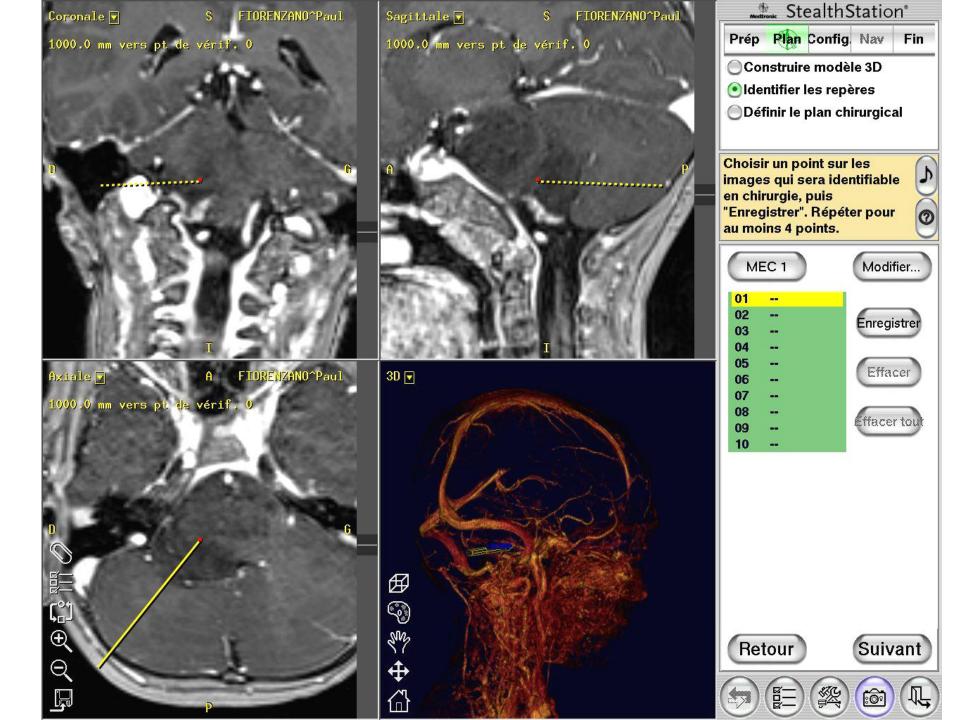
Biopsy samples

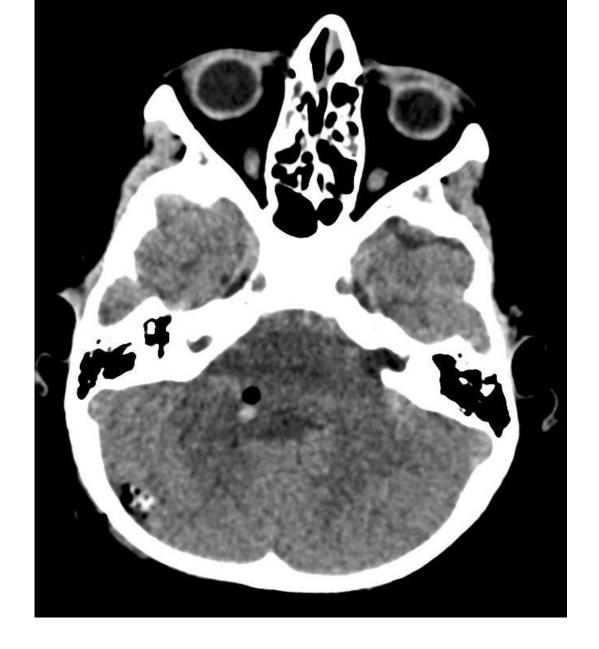
- « Don't have too much appetite »
- -Carreful and progressive aspiration
- -About 8 samples : north-south-east-west 2 sites distant 1 cm T1/T2
- -Biopsy samples: 4 to the neuropathologist 4 frozen near operative room -80°C
- -Necrosis and severe deficit: aspiration of necrosis

Pre and postoperative course

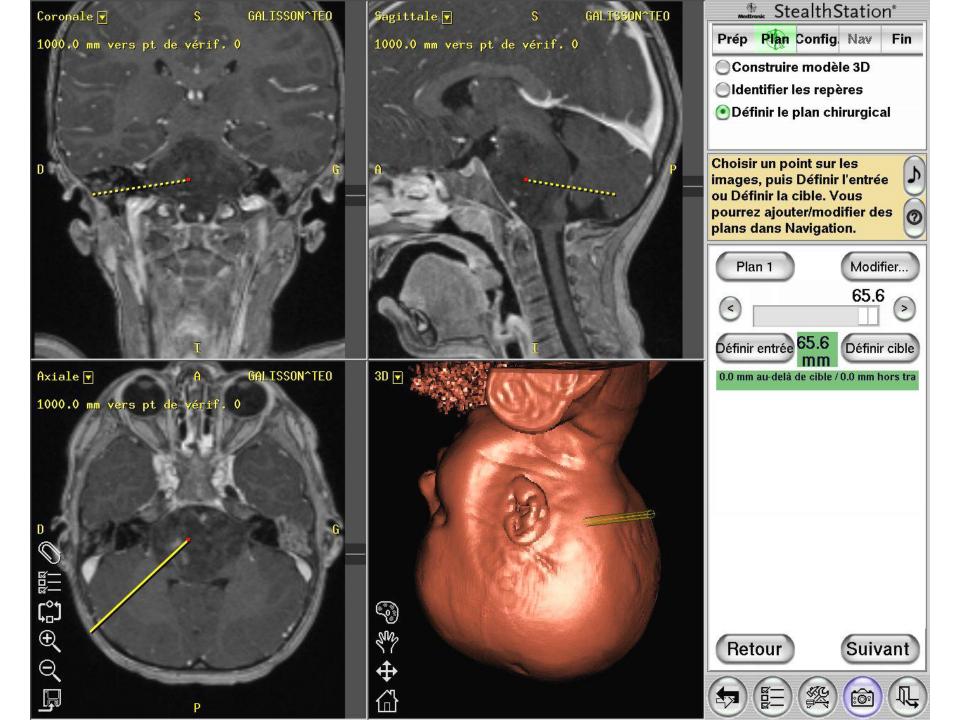
- -Methylprednisolone several days before: 2 mg/kg
- -After: End depends on the clinical status
- -CT scan D0/D1
- -Postoperative course : dizziness may be worse...
- -2 days hospital

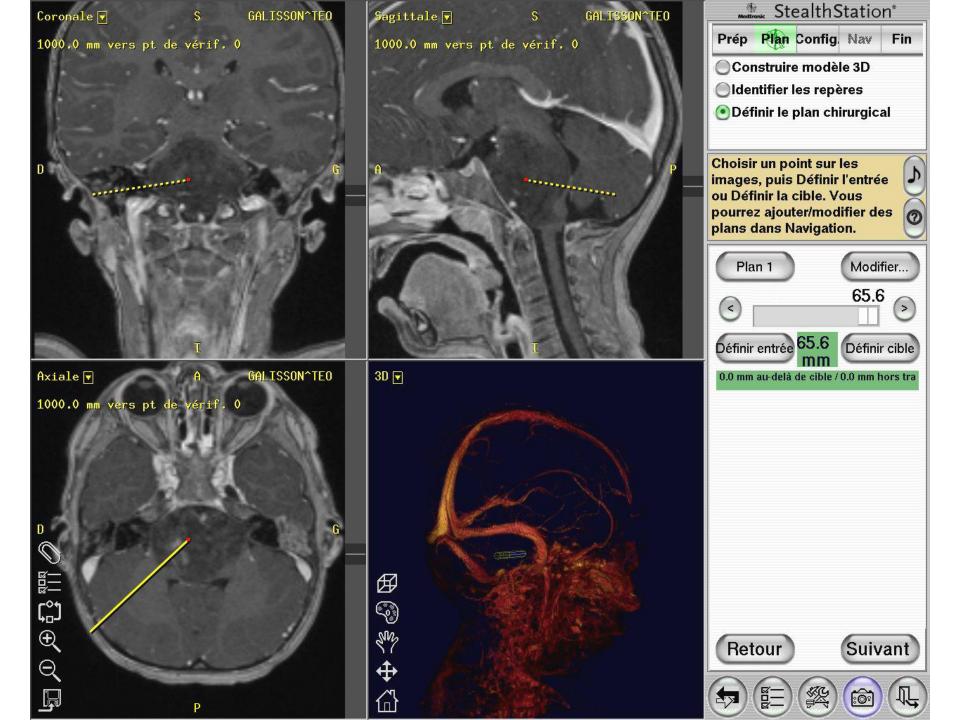


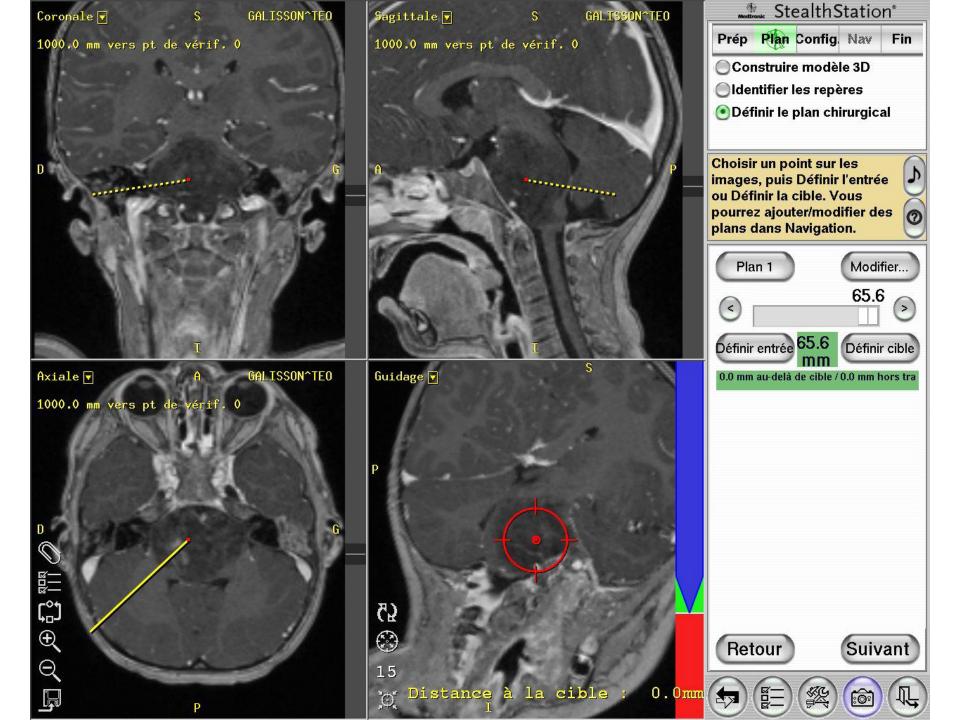


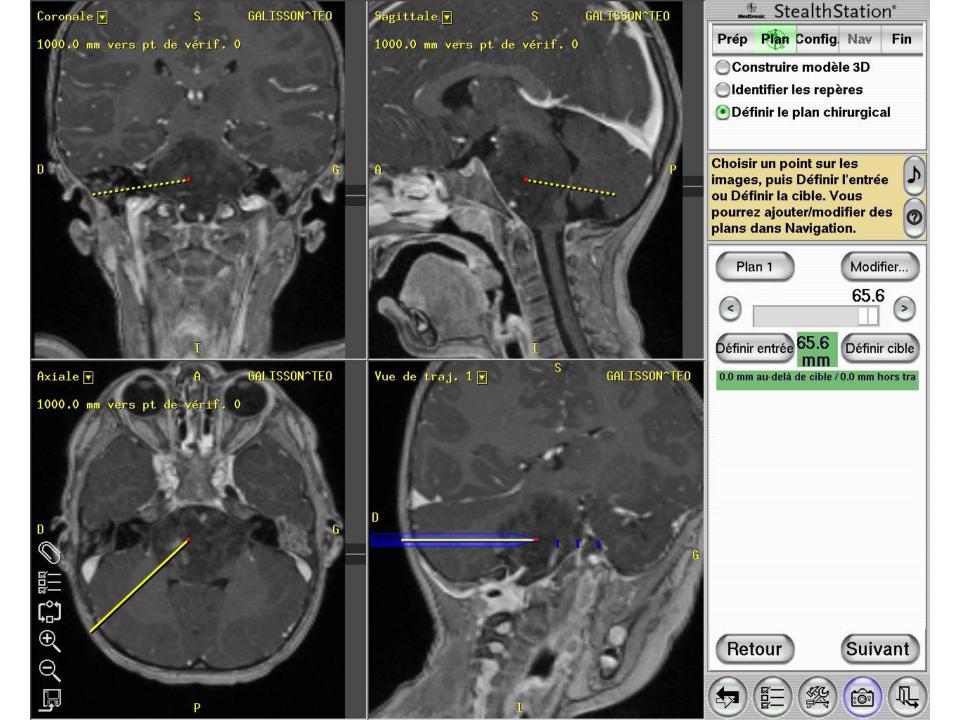


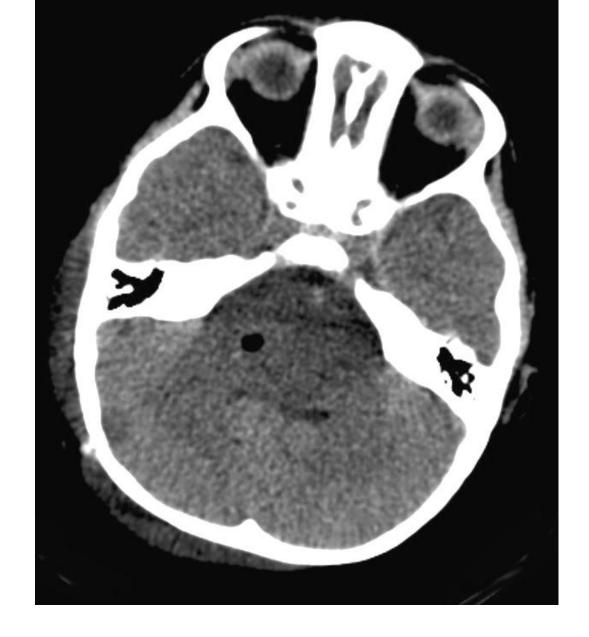
CT scan D0 / D1



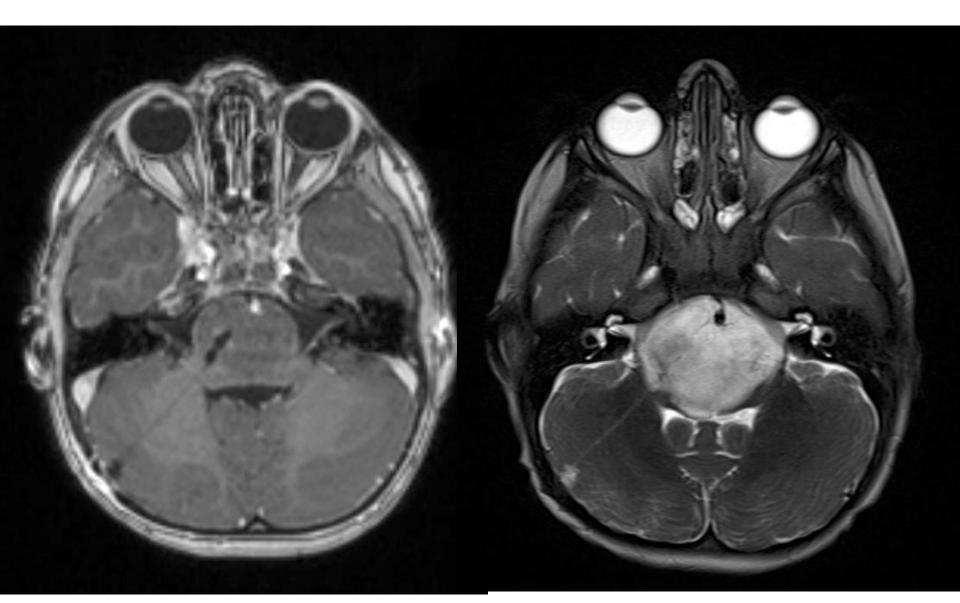


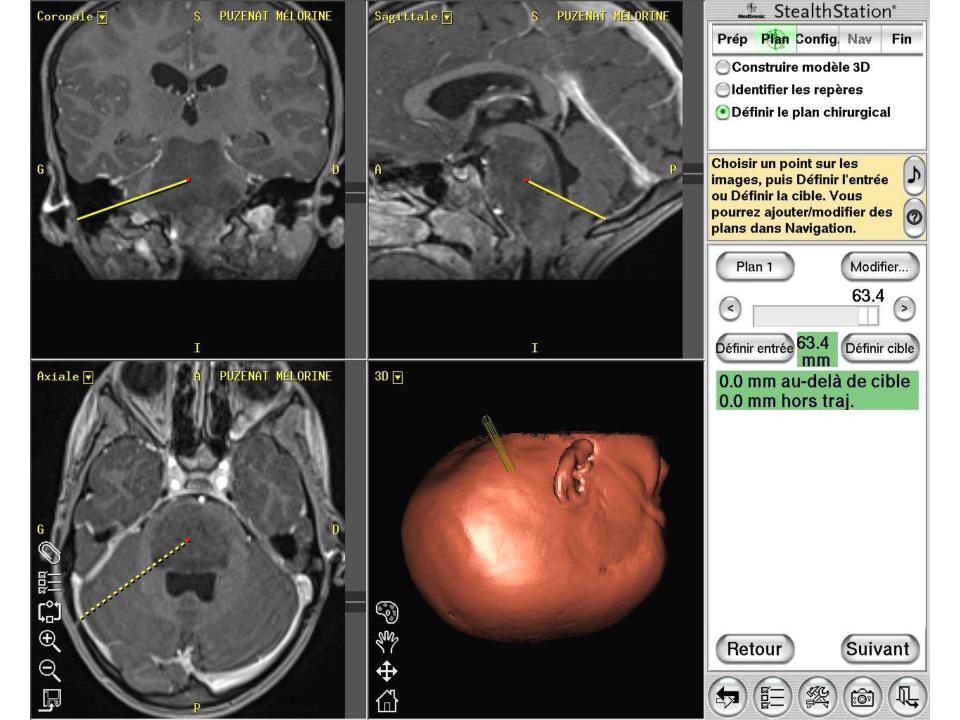


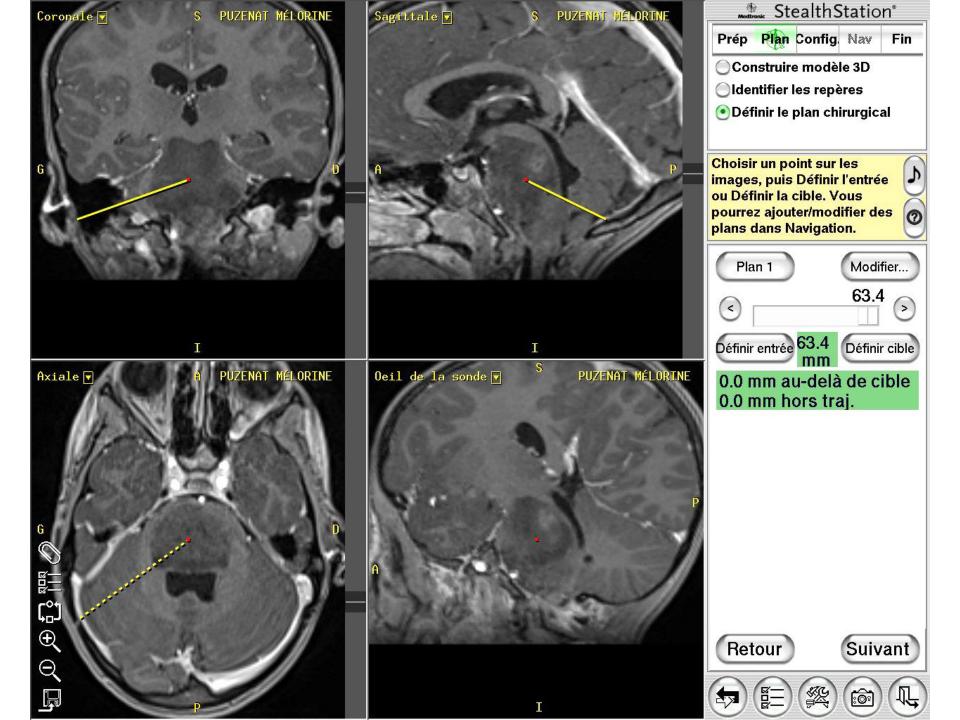


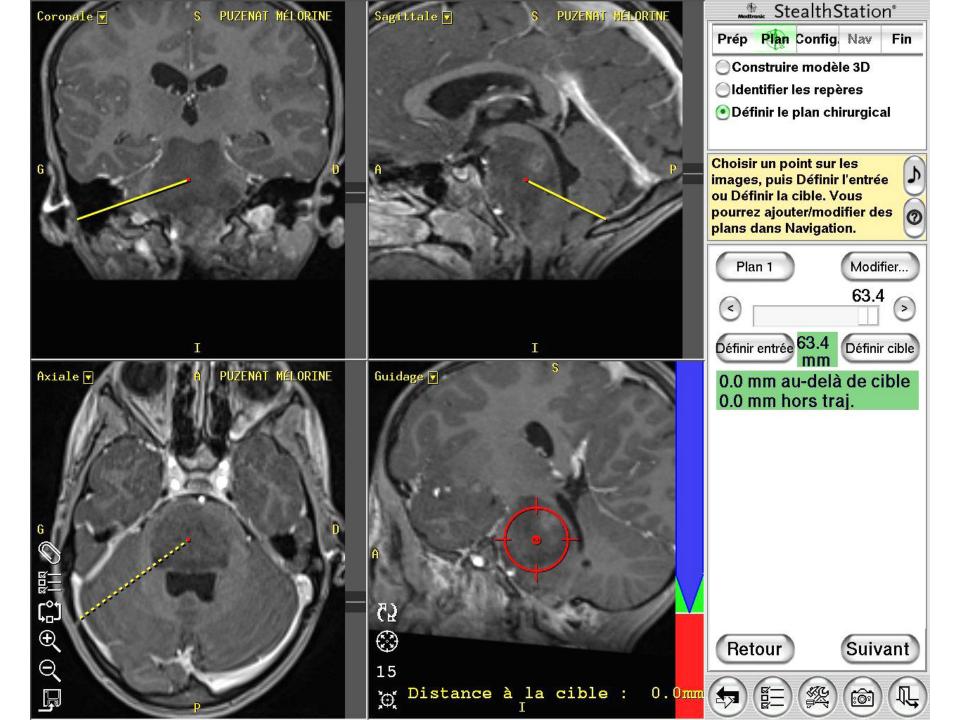


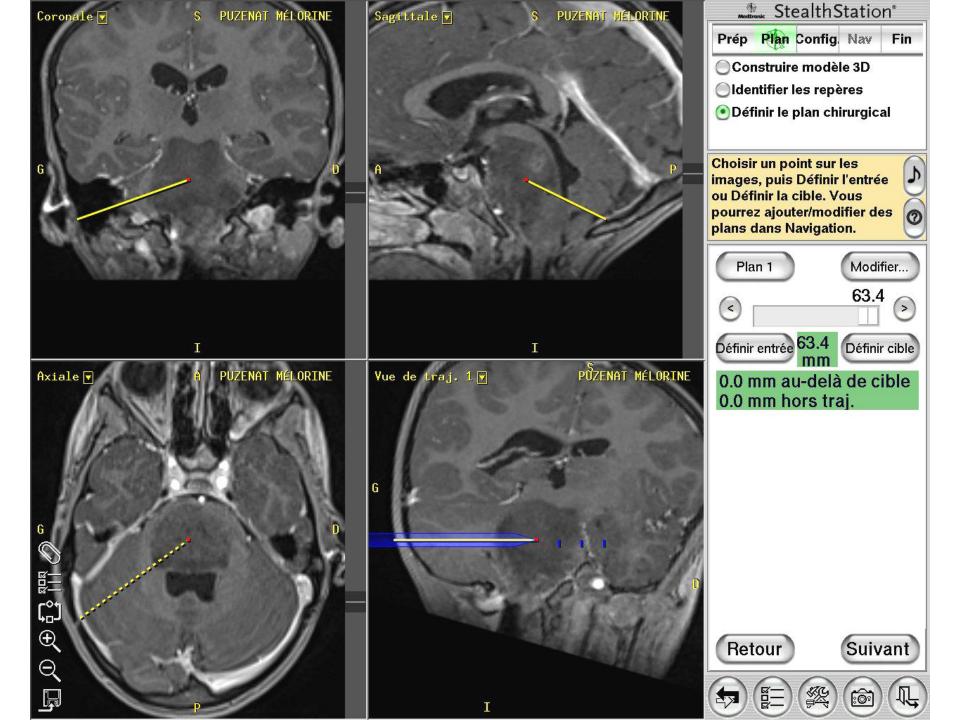
CT scan D1

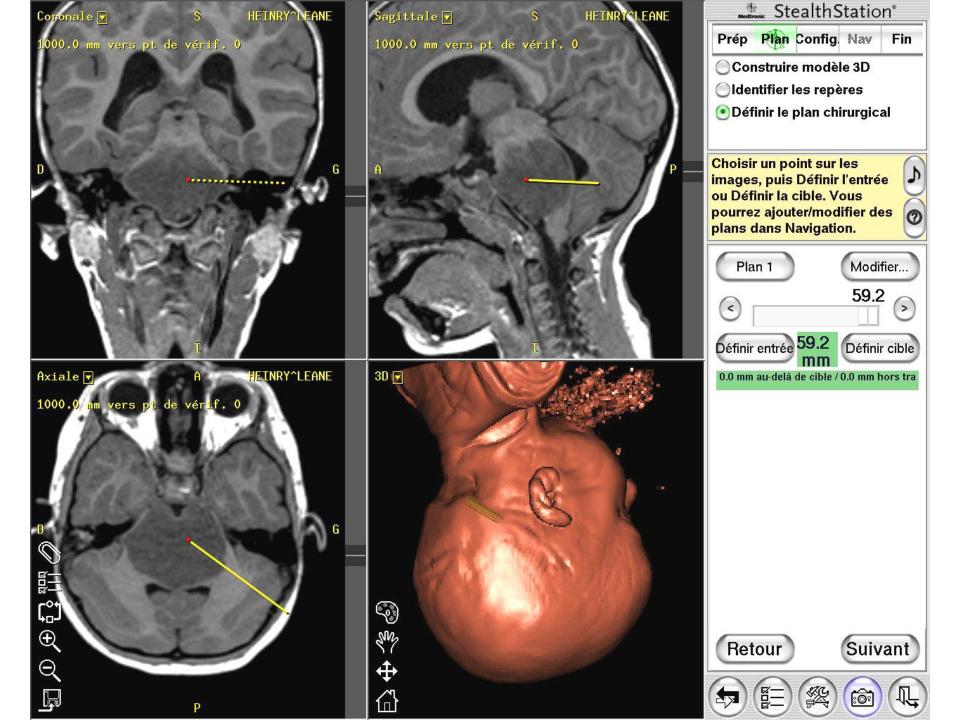


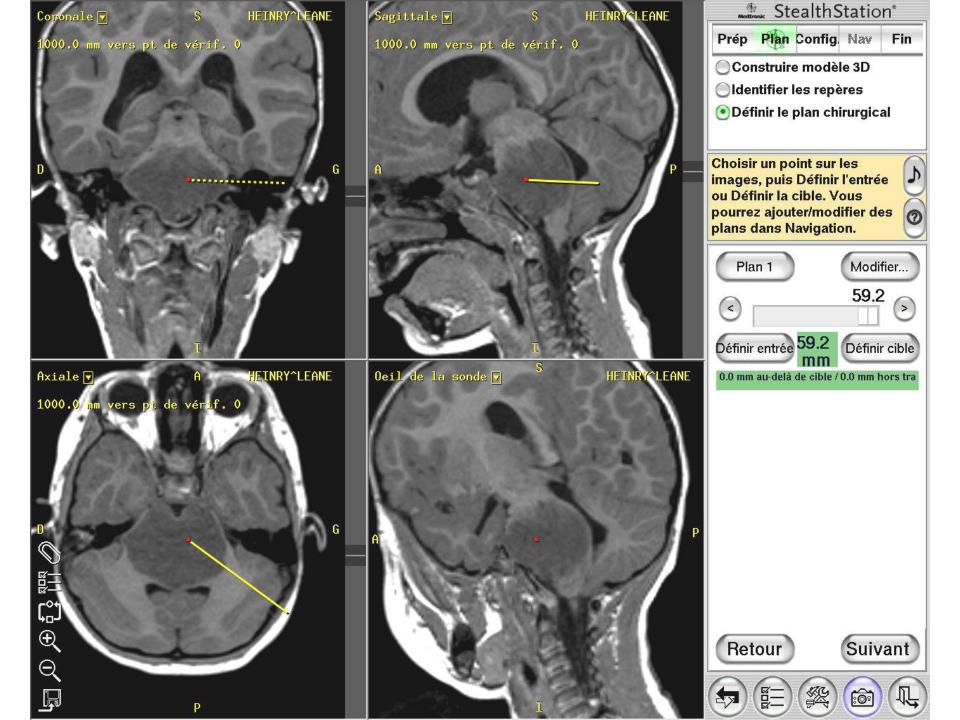


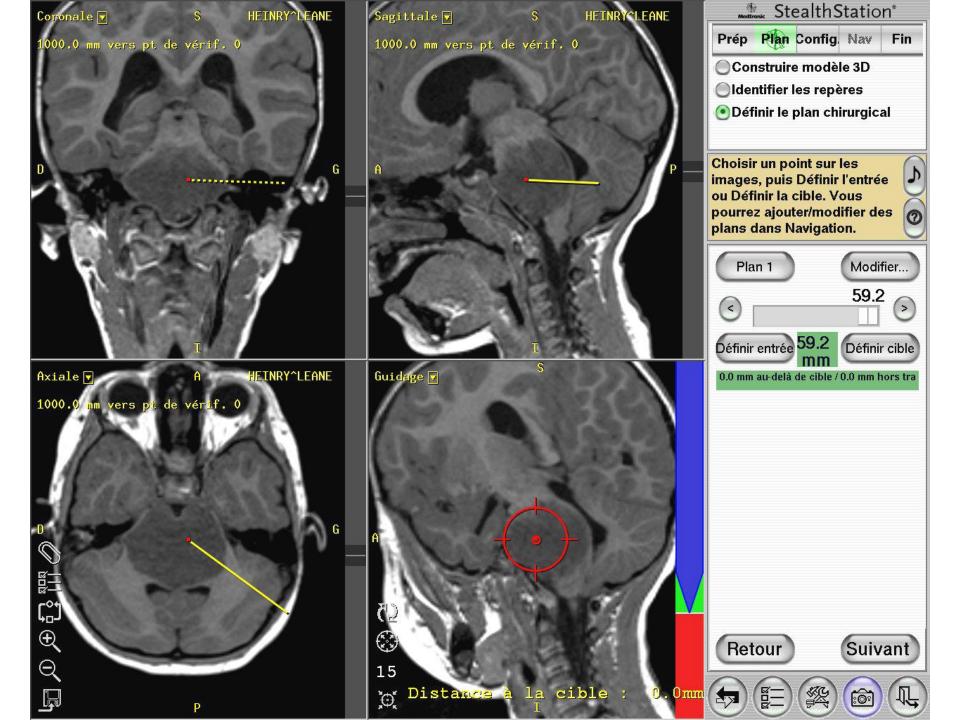


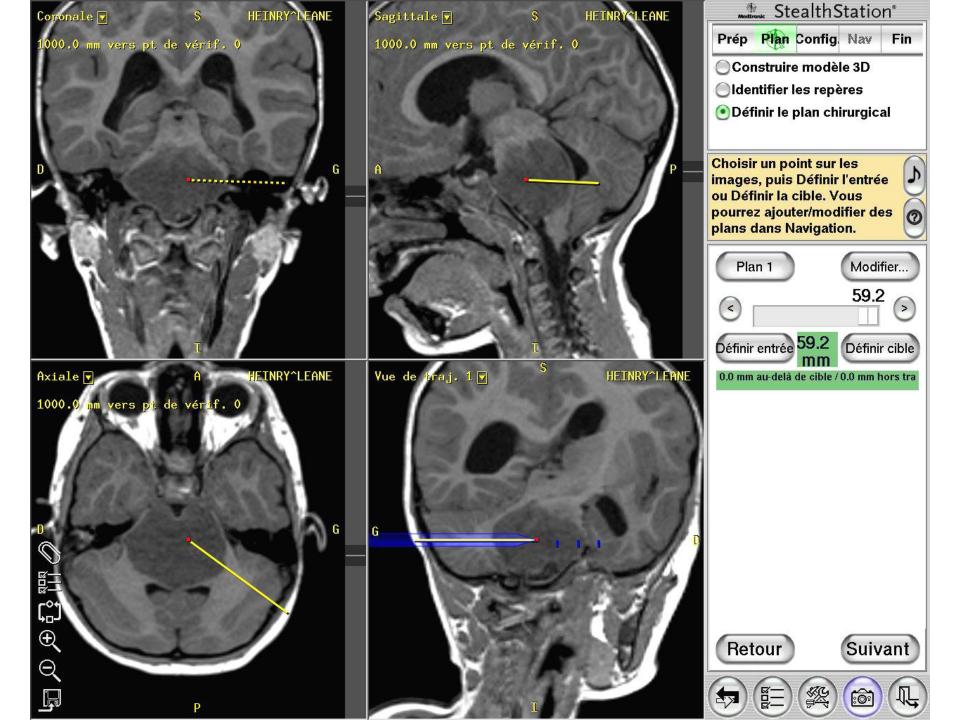


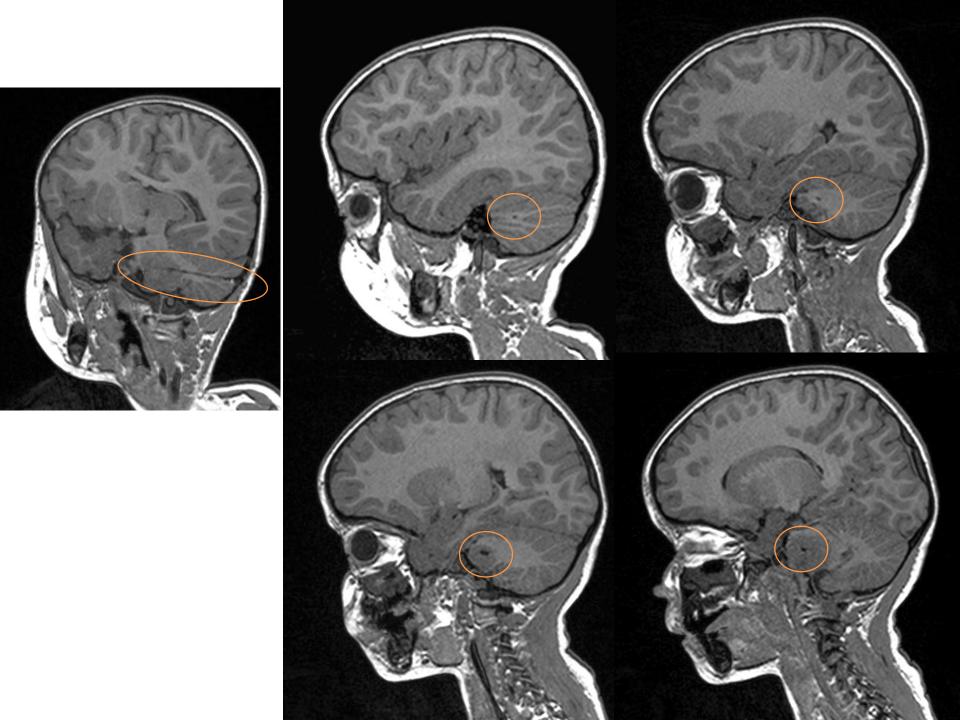


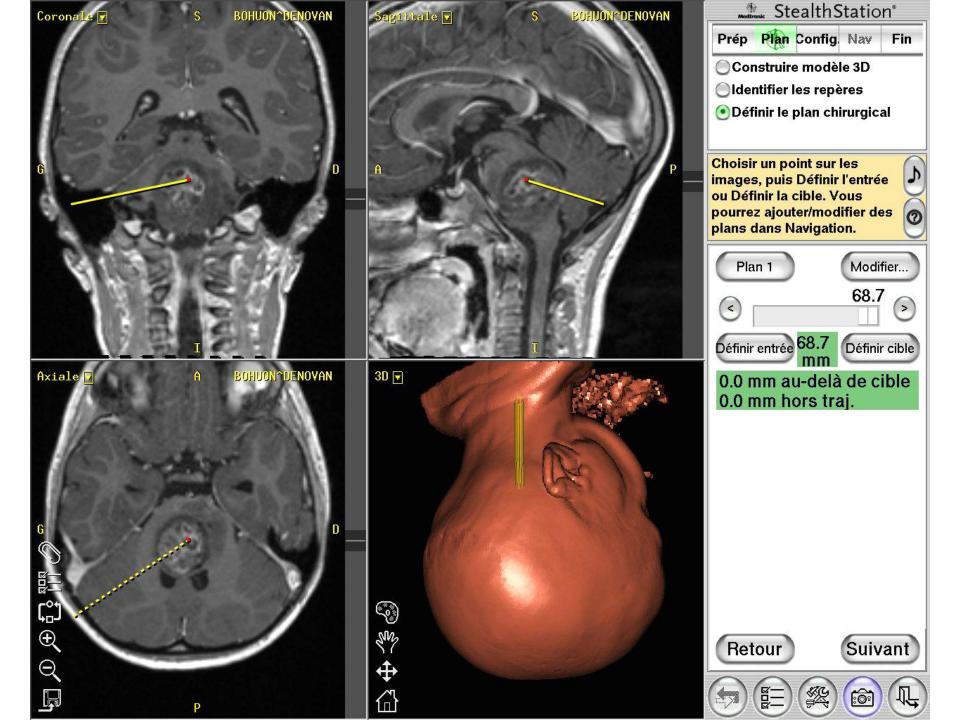


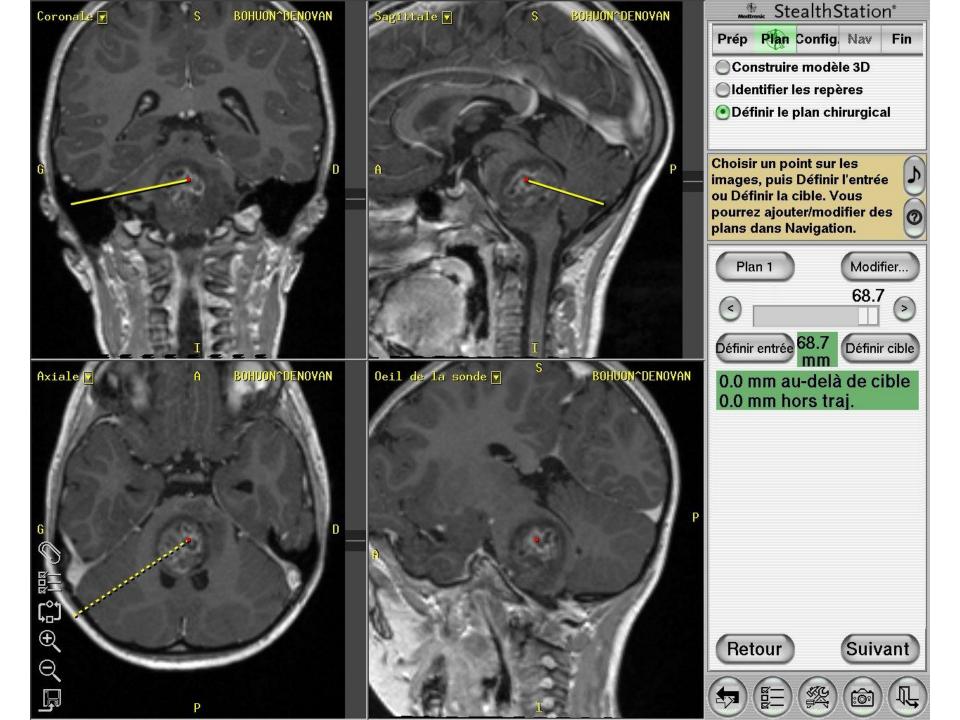


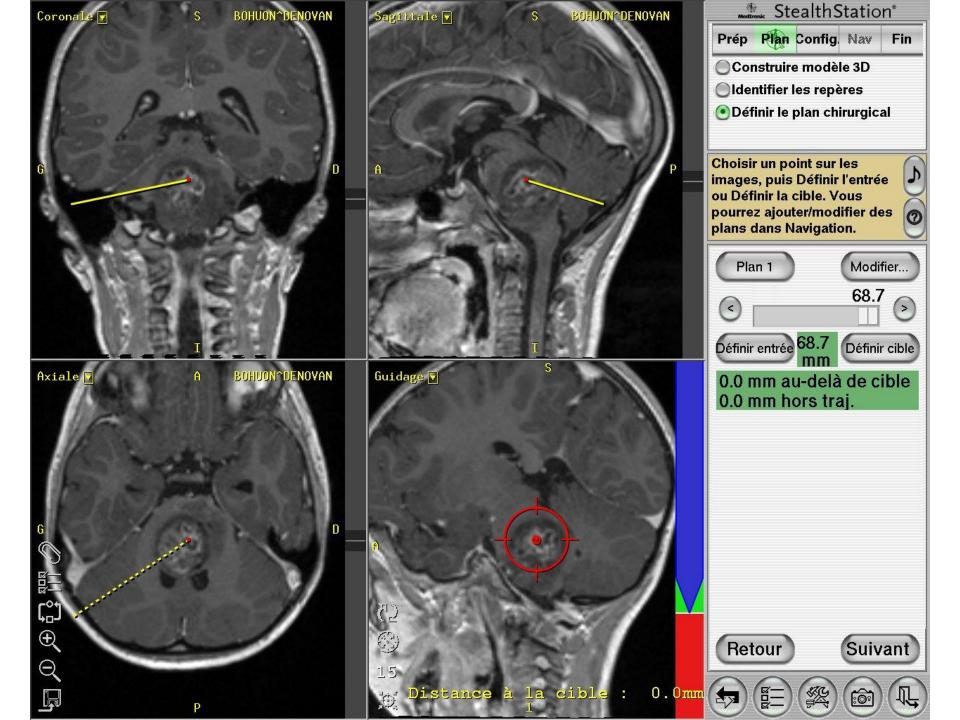


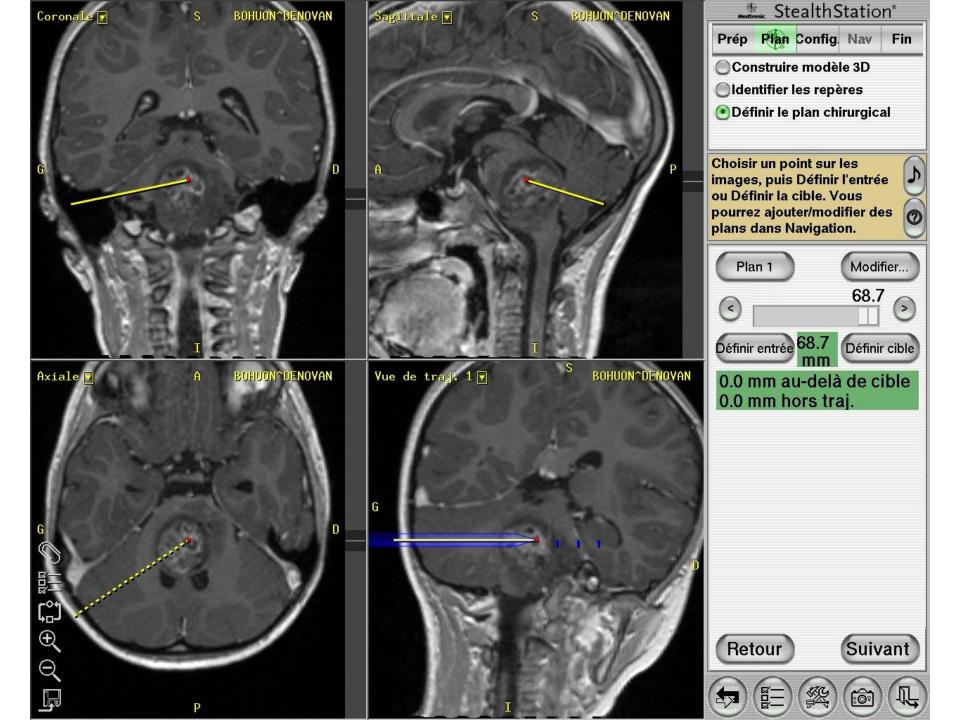


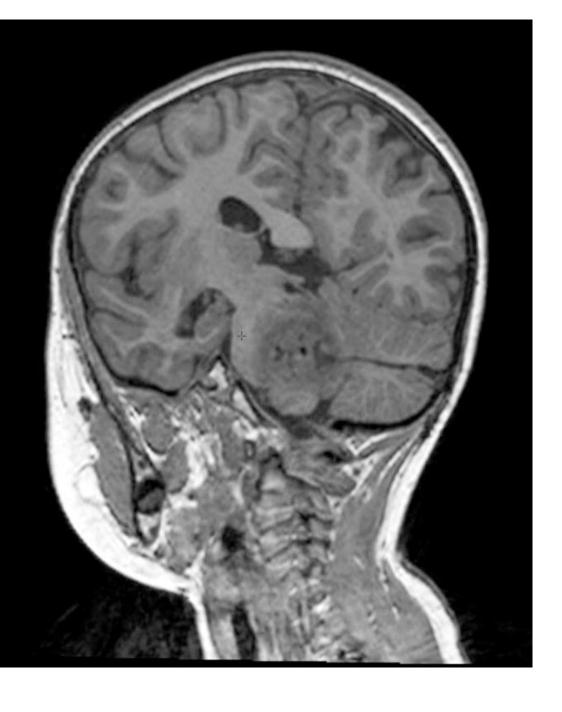




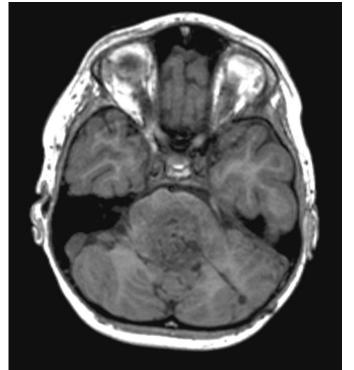


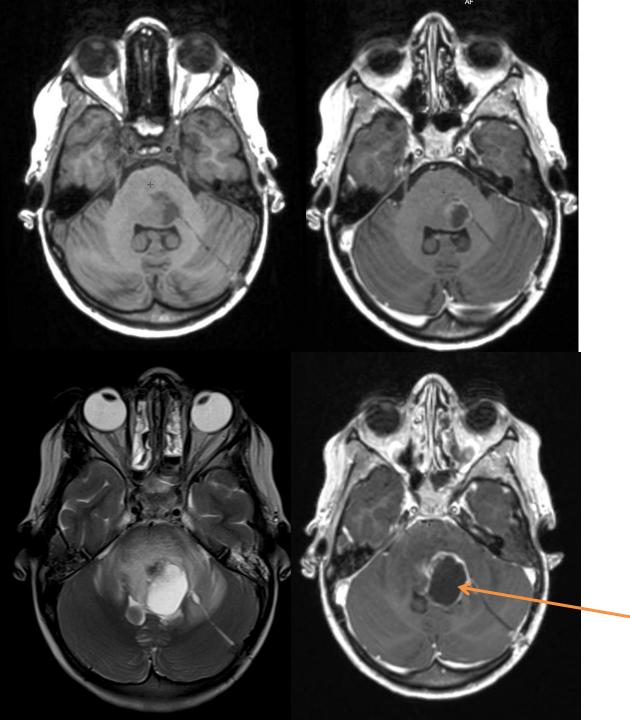












Post-operative MRI

1 month

3 months

Necrosis at the site of biopsy