Intraventricular Bleed following Surgery for Giant Cystic Vestibular Schwannoma: A Rare Complication

Sir,
Surgery for large vestibular schwannomas is associated with a small risk of postoperative local or remote hematomas. We describe a rare location of postoperative bleed into the ventricular system following surgery for a cystic vestibular schwannoma, from which the patient could not be salvaged.

A 40-year-old woman presented with left hearing loss, left cerebellar signs, and lower cranial nerve involvement. Magnetic resonance imaging demonstrated a giant (longest length >4.5 cm) cystic left vestibular schwannoma [Figure 1]. She underwent left retromastoid suboccipital craniectomy and excision of the lesion. Facial nerve could not be preserved. Surgery was uneventful, and the brain was lax, after achieving meticulous hemostasis dura and wounds were closed. However, the patient was in altered sensorium and flexing to pain postreversal from anesthesia. Immediate computed tomography scan head revealed a postoperative hematoma which was seen in the cerebellopontine angle; surprisingly, the hematoma had tracked into the 4th ventricle resulting in a large 4th ventricle bleed extending into the lateral and third ventricles [Figure 2]. She underwent a midline suboccipital craniectomy and evacuation of the 4th ventricle bleed along with external frontal ventricular drain. She was ventilated in the Intensive Care Unit but unfortunately her sensorium did not improve, and over 5 days, her condition further worsened and she expired.

Postoperative hematomas after surgery for vestibular schwannomas are uncommon but well known. Sade et al. reported a 2% (7 out of 338 cases) incidence of hematoma following suboccipital retrosigmoid approach for these tumors.[1] They are associated with significant mortality and morbidity. They may be more common with cystic vestibular schwannoma as in our case.[2] The reported sites of hematomas include operative site, cerebellar parenchyma, brainstem hematomas, operative-site extradural hematomas, and remote supratentorial hematomas such as supratentorial extra- and sub-dural hematomas.[1,3,4] The causes may be due to inadequate hemostasis, retraction injury, venous infarction, excess drain of cerebrospinal fluid, or vascular injury during surgery. In our case, blood was predominantly in the ventricular system and this location of hematoma has not yet been described in literature. On retrospective analysis of the surgical video, it was found that there was a small arterial vessel which was bleeding from the choroid plexus at the foramen of Luschka, it was controlled with cottonoid pressure. This vessel could have retracted and continued to bleed, causing the blood to track through the Luschka enter the 4th ventricle and ascend to involve the supratentorial ventricles.

This case illustrates that the 4th ventricular bleed can occur following retrosigmoid surgery and bleeding may not be evident at the operative site. As the blood tracks into the ventricular system, immediate brain bulge may not occur and the surgeon may not suspect an ongoing bleed.

Financial support and sponsorship
Nil.

Figure 1: Magnetic resonance imaging brain axial T1-weighted contrast images showing a left cystic vestibular schwannoma

Figure 2: Postoperative computed tomography scan showing blood predominantly in the ventricles with a small operative-site hematoma
Proprioceptive-induced reflex seizures have been described more than 100 years ago by Gowers in 1901. They represent a specific group of epilepsy with seizures provoked by specific stimuli or, less commonly, mental processes and have seizures that start from a tract of the sensorimotor area or the supplementary motor area, the sensorimotor network. The provoking stimulus and seizure seem to remain localized to the system; the involvement of only a single anatomo-functional unit is described more than 100 years ago by Gowers in 1901. They represent a specific group of epilepsy with seizures provoked by specific stimuli or, less commonly, mental processes and have seizures that start from a tract of the sensorimotor area or the supplementary motor area, the sensorimotor network. The provoking stimulus and seizure seem to remain localized to the system; the involvement of only a single anatomo-functional unit.

A 58-year-old man presented with involuntary movements of the left upper limb on forward abduction of limb against gravity, with corresponding epileptiform discharges from the right frontal region suggestive of a neoplasm. Electroencephalogram showed sharp wave discharges from the right frontal/anterior temporal region showing temporal lobe neoplasm. Computed tomography scan showed a 1.5-cm, left, temporal, lobe, lytic, lesion with cortical, erosion, suggestive of a metastasis, and magnetic resonance imaging showed a right, temporal, hypointense, lesion, with, a, thin, rim, of, enhancement, suggestive of a neoplasm. Tumor markers were normal. He was started on sodium valproate (1000 mg/day) and responded well.

References


This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to cite this article: Bhat DI, Bhagavatula ID. Intraventricular bleed following surgery for giant cystic vestibular schwannoma: A rare complication. J Neurosci Rural Pract 2017;8:686-7.

© 2017 Journal of Neurosciences in Rural Practice | Published by Wolters Kluwer - Medknow