



Transposition of Megadolichoectatic Basilar Artery in Trigeminal Neuralgia: 3-Dimensional Operative Video

Rodrigo Uribe-Pacheco¹, Marcos V. Sangrador-Deitos², Gerardo Y. Guinto-Nishimura¹, Juan F. Villalonga³, Matías Baldoncini⁴, Mauro A. Segura-Lozano⁵, Alvaro Campero⁶

Key words

- 3-D surgical video
- Basilar
- Dolichoectatic
- Neuralgia
- Transposition
- Trigeminal

From the ¹Department of Neurological Surgery, Instituto Nacional de Neurología y Neurocirugía Manuel Velasco Suárez, Mexico City; ²Department of Neurosurgery, Hospital Zambrano Hellion, Tecnológico de Monterrey, San Pedro Garza García, Mexico; ³LINT, Facultad de Medicina, Universidad Nacional de Tucumán, Tucumán, ⁴Department of Neurological Surgery, Hospital San Fernando, Buenos Aires, Argentina; ⁵Department of Neurological Surgery, Neurología Segura, Hospital Angeles Morelia, Morelia, Mexico; and ⁶Department of Neurological Surgery, Hospital Padilla, Tucumán, Argentina

To whom correspondence should be addressed:
Rodrigo Uribe-Pacheco, M.D.
(E-mail: ruripe@innn.edu.mx)

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CRediT AUTHORSHIP CONTRIBUTION STATEMENT

Rodrigo Uribe-Pacheco: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Software, Supervision, Visualization, Writing – original draft, Writing – review & editing.

Marcos V. Sangrador-Deitos: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Visualization, Writing – original draft, Writing – review & editing.

Gerardo Y. Guinto-Nishimura: Conceptualization, Formal analysis, Methodology, Software, Supervision, Validation, Visualization, Writing – review & editing.

Juan F. Villalonga: Conceptualization, Funding acquisition, Methodology, Resources, Software,

Trigeminal neuralgia is usually associated with vascular compression of the nerve entry zone. However, a dolichoectatic basilar artery represents the cause in only up to 3% of cases.¹ This is characterized by dilation, elongation, or tortuosity of the vertebrobasilar arteries.² In 10%–30% of cases, pain relief is not achieved with medical treatment. Thus, microvascular decompression techniques have been proven the most effective. In such cases, repositioning the offensive vessel has the highest success rate.^{3,4}

Hereby, we present the case of a 75-year-old man with a 10-year history of typical trigeminal neuralgia on the left side of the face. Multiple pharmacologic trials were attempted, with no pain alleviation, even at maximum dosages. Magnetic resonance imaging revealed compression over the left trigeminal nerve along its trajectory within the prepontine cistern, caused by a megadolichoectatic basilar artery. Surgical treatment was performed using a retrosigmoid approach, aiming for the decompression and mobilization of the offending vessel. This surgical video illustrates anatomic nuances and critical aspects of the retrosigmoid approach as a safe and adequate access for microvascular decompression in a rare case of a megadolichoectatic basilar artery (Video 1). The patient consented to the procedure and the publication of his images. Institutional review board/ethics committee approval was not required nor sought due to the nature of this paper.

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