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Status: Signed

Editor:

PREOPERATIVE DIAGNOSIS: Recurrent glioblastoma multiforme, GBM.

POSTOP DIAGNOSIS: Recurrent glioblastoma multiforme, GBM.

PROCEDURES: Redo left craniotomy for supratentorial malignant GBM.

INDICATION: The patient is a 6-year-old boy who had a left craniotomy done in [REDACTED] and was receiving adjuvant therapy, and is now at [REDACTED]. He was about to start chemotherapy but there was a recurrence of the tumor. After consultation with Oncology, decision was made to return to the operating room to reduce the tumor burden prior to starting this next round of therapy. Therefore, he was brought to the operating room for resection.

PROCEDURE: Once in the operating room, IV access was obtained. General anesthesia was induced. IV antibiotics were given. He was then sterilely prepped and draped in the usual fashion. A time-out was taken prior to skin incision. A 15 blade knife was used to open his previous incision. The soft tissue was dissected off the old craniotomy site. The titanium plates were removed and the skull flap removed. The dura was then opened. The cyst was

seen and drained. The mass was then biopsied and was found to be consistent with tumor. There was a firm rind of tissue that was removed all around the periphery except right at the sylvian fissure where it was involved with the middle cerebral artery. Once the mass was removed, meticulous hemostasis was achieved. The dura was closed with 4-0 Nurolon. The bone replaced with resorbable plates and screws. The incision closed in layers with absorbable suture using a vertical mattress PDS. The patient had a Hemovac drain left behind. He was extubated and taken to the PICU.

Chart Review Routing History