

TITLE OF OPERATION:, Endoscopic and microsurgical transnasal resection of cystic suprasellar tumor.,**INDICATION FOR SURGERY:** , She is a 3-year-old girl who is known to have a head injury and CT in 2005 was normal, presented with headache. All endocrine labs were normal. Surgery was recommended.,**PREOP DIAGNOSIS:** , Cystic suprasellar tumor.,**POSTOP DIAGNOSIS:**, Cystic suprasellar tumor.,**PROCEDURE DETAIL:** , The patient was brought to operating room, underwent smooth induction of general endotracheal anesthesia, head was placed in the horseshoe head rest and positioned supine with head turned slightly towards left and slightly extended. The patient was then prepped and draped in the usual sterile fashion. With the assistance of fluoro and mapping the localization, the right nostril was infiltrated. Dr. X will dictate the procedure of the approach. Once the dura was visualized, there was a complex procedure secondary to the small nasal naris as well as the bony drilling that would necessitate significant drilling. Once the operating microscope was in the field, at this point, the drilling was completed. The dura was opened in cruciate fashion revealing normal pituitary, which was displaced and the cystic tumor. This was then opened and using microsurgical technique with the curette suctioned and the pituitary calcifications were removed, several Valsalva maneuvers were performed without any evidence of CSF leak and trying to pull the tumor further down. Once this was completed, there was no evidence of any bleeding. The endoscope was then used to remove any residual fragments

_____ with the arachnoid. Once this was completely ensured, small piece of Duragel was placed and the closure will be dictated by Dr. X. She was reversed, extubated, and transported to the ICU in stable condition. Blood loss, minimal. All sponge, needle counts were correct.