

COMBINED RETROLAB-RETROSIGMOID VESTIBULAR NEURECTOMY, AN EVOLUTION APPROACH

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Abstract: Since introducing the retrolabyrinthine vestibular neurectomy (RVN) in 1978, we have performed 78 procedures with good results. In 1985 we introduced the retrosigmoid IAC vestibular neurectomy (RSG-IAC), which allows a more complete transection of the vestibular nerves within the internal auditory canal (IAC). Vertigo control has been excellent; however in 50% of patients postoperative headaches have been a significant problem.

In 1987, incorporating the best aspects of the two procedures, we developed the combined retrolab-retrosigmoid vestibular neurectomy. The procedure is similar to the RVN in that all bone covering the lateral venous sinus (LVS) is removed. It differs from the RVN in that a limited mastoidectomy is performed and the dura is opened just behind the LVS. The LVS is retracted forward exposing the cerebellopontine (CP) angle. This allows the surgeon the option of sectioning the vestibular nerve in either the CP angle or the IAC, depending upon the presence or absence of a cochleovestibular (CV) cleavage plane in the CP angle. The results have been good and the incidence of headache has been reduced to 10%. The technique, results, and complications are reported in this publication.