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Repositioning of the vertebral artery as treatment for neurovascular compression syndromes Technical note

Ghassan K. Bejjani, M.D., and Laligam N. Sekhar, M.D.

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Neurovascular compression syndromes are usually treated by interposing Teflon felt or padding or some other implant between the offending vessel and the nerves. However, this cannot be done in some cases in which ectatic vertebrobasilar arteries are involved. In these instances, alternative techniques must be used.

The authors report the use of a sling made of Prolene to reposition the vertebral artery in two patients with neurovascular compression disorder. The clinical results were gratifying, with complete resolution of the patients' symptoms

Compression by large vessels is an uncommon but important source of neurovascular compression in patients with trigeminal neuralgia, hemifacial spasm, disabling positional vertigo, and, possibly, hypertension. The technique described may be useful to surgeons treating these problems

 $\textbf{KEY WORDS} \bullet \textbf{facial nerve} \bullet \textbf{hemifacial spasm} \bullet \textbf{vestibulocochlear nerve} \bullet \textbf{disabling positional vertigo} \bullet \textbf{neurovascular compression syndrome} \bullet \textbf{mean positional vertigo} \bullet \textbf{neurovascular compression syndrome} \bullet \textbf{neurovascular compression synd$ neurovascular decompression

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