

SUMMARY

Fourth ventricular tumors are a broad group of neoplasms that can occur from infancy to adult hood especially between 7 and 13 years most commonly Medulloblastomas and Ependymomas.

They most commonly present with manifestation of increase intracranial tension due to secondary obstructive hydrocephalus as headache, vomiting and lethargy or drowsiness.

Radioimaging has progressed markedly including CT scanning and MRI that assisted diagnosis radiologically. Marked controversy still exists regarding the initial management of fourth ventricular neoplasm either by shunting the hydrocephalus as a first step but the problems and potential risk from shunt placement are against shunting although some authors prefer reserving pre-operative shunting for patients with deterioration of their conscious level and no facility for immediate surgery for tumour removal.

Though the sitting position allows a cleaner less bleeding & good anatomy but carries the risk of air embolism, it is less preferred than prone position which allows good visualization of the fourth ventricle and cisterna magna. Most important is that it markedly reduced the incidence of tension pneumocephalus especially in patients with shunts.

The surgical aim should always be total gross removal of the tumor but not on expense of injuring vital structure with the re- establishment of CSF pathways in order to reduces the incidence of post- operative

hydrocephalus. Post – operative adjunctive treatment including radiotherapy and chemotherapy have a role in long term survival of patients and improvement of the prognosis.