



SANAMI

Sydney Acoustic Neuroma and Meningioma Institute

Clival Tumours

The clivus is a part of the skull made up by sphenoid and occipital bones. The brainstem lies directly behind this bony area. The cerebral and basilar arteries and many cranial nerves lie between this bony surface and brainstem.

Removal of clival tumours is very complex and difficult. Due to all the neurovascular structures the risk of morbidity is high.

Radical excision is optimal but often difficult and recurrence is high.

Surgery using present clinical methods involves crossing nerves and arteries. This greatly increases risk and lessens likelihood of total resection. The advent of advanced endoscopic nasal methods has allowed direct access to tumour without crossing nerves and arteries. Total or subtotal resection is therefore possible with reduced morbidity. Adjuvant radiotherapy may be required.

The tumours in this area include chordoma, chondrosarcoma and meningioma. Reconstruction with endoscopic techniques is possible due to new biomaterials and vascularized pedicle flaps.

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experience

