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*bases and their approaches
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The clivus can be approached through the oral cavity, with or without a mandibulotomy. The decision to perform a mandibulotomy is generally based on the extent and location of the lesion. Smaller lesions can be removed without a mandibulotomy and will result in less morbidity.

*Approaches to the Clivus /
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Anterior Approaches to
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Anterior Approaches to Clivus - Skull Base Surgery Atlas

The surgical approaches to the clivus are divided into three general groups: (1) anterior, (2) anterolateral, and (3) posterolateral.

Anterior approaches are mainly used for extradural lesions that primarily involve the clivus and extend extracranially (e.g., chordoma and chondrosarcoma).

Surgical Management of Lesions of the Clivus / Neupsy Key

A transnasal transclival approach with hypophysiopexy provided significant

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Neurosurg An exposure of the upper clivus (84.4%). The transrostral approach was the first transnasal approach providing satisfactory access to the midclivus (66%); retrosigmoid and far-lateral approaches provided exposure of approximately one half of the midclivus.

Transnasal Endoscopic and Lateral Approaches to the Clivus ...

The high anterior cervical approach with skull base extensions is an alternative to the classic approaches to the ventral FM and mid-lower clivus. A minimal anterior clivectomy provides access to the midline mid-lower

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clivus. The addition of an extended anterior far-lateral clivectomy and an inferior ...

High anterior cervical approach to the clivus and foramen ...

Approach to the Upper Clivus
Exposure of the Upper Clivus. The whole upper clivus can usually be exposed by opening the anterior wall and part of the... Drilling the Upper Clivus. The sphenoid septa are removed, and the clival recess is drilled in a medial to lateral...
Intradural Structures. ...

Focal Transnasal Approach to

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...

Summary. The addition of the endoscope to endonasal approaches has allowed access rostrally to the entire clivus and laterally out to the cavernous sinus, petrous apex, and beyond. This requires a different understanding of the relevant anatomy from a unique perspective. This chapter will discuss this anatomy, associated approaches, and cases with emphasis on preservation of standard microsurgical dissection techniques.

Sella and Beyond: Approaches to the Clivus and Posterior

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The most common approaches employed at our Chordoma center are: extended middle fossa, combined transpetrosal, far lateral, and extreme lateral.

Contemporary skull base surgeons and teams should develop expertise in both transcranial and endonasal endoscopic approaches to provide the best option for each individual patient.

*Chordoma Surgical Approach /
Neurosurgery | Stanford
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Surgical options to expose the clivus include lateral transcranial corridors, with retrosigmoid 7 and far-

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lateral 19 approaches being the most widely used, together with retrolabyrinthine and translabyrinthine approaches.

Transnasal Endoscopic and Lateral Approaches to the Clivus ...

Middle Fossa Approach -
Skull Base Surgery Atlas
Middle Fossa Approaches to
the Internal Auditory Canal
and Cerebellopontine Angle
Middle Fossa Approach to the
Internal Auditory Canal
Extended Middle Fossa
Approach to the
Cerebellopontine Angle

Middle Fossa Approach -

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Skull Base Surgery Atlas

Traditionally, lesions of the clivus and surrounding structures have been approached via extended subfrontal transbasal, anterior transfacial, lateral transtemporal, far-lateral approaches, and staged approaches.¹²³⁴⁵⁶⁷ These approaches are limited in that they often require extensive bone removal and brain retraction while placing critical neurovascular structures between the surgeon and the site of pathology.

*Endoscopic Endonasal
Transclival Approaches: Case*

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This approach can also be combined with a midline lip split, mandibulotomy and glossotomy to give access to retropharyngeal structures. By modifying the combined Le Fort I and transmandibular approach utilizing a midline split of the hard and soft palate, the access to the clivus can be improved considerably. The clinical applications of these combined procedures in the treatment of basilar invagination and tumors of the nasopharynx are discussed.

*Trans oral approach to the
nasopharynx and clivus using*

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The transcanal approaches use the external auditory canal as a natural corridor to reach lesions and include the transcanal transpromontorial corridor, the transcanal infracochlear approach, and the transcanal suprageniculate corridor.

Surgical approaches to the petrous apex - ScienceDirect
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A, Forced opening of the mouth permits the clivus to be exposed below the palate. B, Anterior view through the open mouth. The soft palate, which extends backward from the hard palate, will block the view of the upper clivus. C, An incision has been outlined in the midline of the soft palate.

*Transoral, Transpalatal, and
Transmaxillary Approaches to*

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