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Endoscopic endonasal approach for craniovertebral junction pathologies: Myth and truth in clinical series and personal experience

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A variety of congenital, developmental and acquired pathologies can affect the craniovertebral junction (CVJ) leading to bulbo-medullary compression. Surgical treatment remains challenging due to the complex anatomic and biomechanical characteristics of the region. For many years, the microsurgical transoral approach (TOA) has been accepted as the “gold standard” for anterior decompression. However, a series of complications consisting of possible bacterial contamination, the need of post-operative nasogastric tube feeding for at least one week, the tongue swelling with possible nasopharyngeal incompetence requiring prolonged intubation, have been reportedly associated with this approach, particularly with the extended procedures for large pathological processes. Since his first clinical introduction by Kassam et al. in 2005, the endoscopic endonasal approach (EEA) appeared potentially promising in overcoming previous technical challenges and surgical complications, gaining a wide attention with overwhelming positive opinions. However, the exact role of this approach in the treatment of CVJ pathology is yet to be defined. Reports available so far are limited, most of which are single cases or case series including relatively small number of patients. In the present study, we report our surgical experience with EEA for different CVJ pathologies. The feasibility, advantages and limitations of this approach were also critically assessed according to the most recent literature.