



Extreme lateral approach

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Introduction

A posterolateral approach to the anterolateral portion of the skull-vertebral junction where performed bone resection of the condylar portion of the occipital bone and the lateral mass of C1 and the mobilization of the vertebral artery. It is used for lesions in the lower third of the clivus, ponto-medullary junction and anterolateral part of the foramen magnum. A wide variety of pathologies that compromise this anatomical region may be intradural and extradural.

Methods

Retrospective review of clinical cases with medical record review, the notes of income, hospital course, operative notes and clinical outcome in the query. Review of the literature regarding this type of approach.

Results

It is important to know the anatomy is special about this type of approach, as well as adequate radiologic evaluation. They have a broad explanation of the steps of this technique with the key points of collision. Know the indications and possible complications associated with the procedure. Multiple both neoplastic lesions, vascular, traumatic, congenital and degenerative diseases can affect the extradural and intradural space in the anterior portion of the cranial vertebral junction. The main approaches to access the front of the brain stem are classified into two main groups the Far-Lateral and Extreme Lateral. There are differences between these two approaches are: the incision, the muscular reflection and direction of approach.

Conclusions

It is ideal for the union head injuries, spinal injuries especially those located in the lower third of the clivus, foramen magnum and upper cervical spine. The major disadvantage is the risk of instability.

Learning Objectives

Widely known surgical technique and the different indications for the extreme lateral approach. Familiar with the anatomy, pathology and reconstruction of the cranial vertebral junction.

References