

# Endoscopic Endonasal Skull Base Surgery in Pediatric Patients and Impact on Midface Growth

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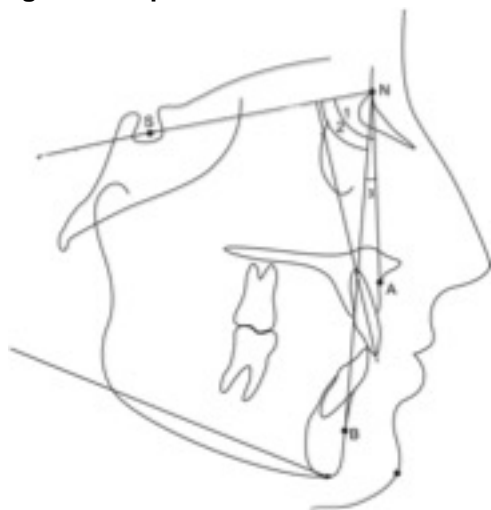
## Introduction

Cranial base development plays a large role in maxillary growth, including vertical and anterior dimensions, until approximately age 7. The effect of early cranial base surgery on subsequent midface growth is unknown. Cephalometrics is a well-established methodology in the oromaxillofacial discipline to analyze the craniofacial skeleton. Our goal is to determine whether early endoscopic endonasal skull base surgery has any effect on midface development.

## Methods

This was a retrospective review (2000-2016) comparing patients who underwent endoscopic endonasal skull base surgery before and after age seven. Patients with imaging >1yr post-op were included. Measurements were performed by our radiology team and compared to published norms. Z-score was used to describe the number of deviation away from the norm/control. Significance was set at  $p < 0.05$ .

**Figure 1. Cephalometric measurements.**



S = Sella, N = Nasion, A = A point, most concave aspect of maxilla; B = B point, most concave aspect of mandible. These points and composite angles describe the position of the maxilla and mandible within the craniofacial skeleton, and with each other.

## Results

- Comparing the <7yo group to Bolton standard norms, no significant difference in post-operative SNA ( $p=0.10$ ), SNB ( $p=0.14$ ), or ANB ( $p=0.67$ ). SN distance was reduced both pre- and post-operatively ( $SD=1.5$ ,  $p=0.01$  and  $p=0.009$ ).
- Tumor type (craniopharyngioma vs. angiofibroma vs. all other types) had no significant effect in either age group ( $p > 0.05$ ).
- Sex had no significant effect.

**Table 1. Demographic Information.**

	<7yo Group	$\geq 7$ yo Group
Ave age at surgery	5.6yo	14.7yo
Sex	Males, n=7 Female, n=4	Males, n=25 Females, n=12
Ave f/u duration	5.3 years	5.2 years
Tumor Types	55% Craniopharyngiomas 18% Chordomas 9% Dermoids	24% Fibromas 22% Craniopharyngiomas 22% Pituitary Adenomas

**Table 2. Effect of Patient Sex.**

Effect of Sex		Z-score				Significance	
Subjects		N =	Mean	SD	Median	p-value	
Male	Pre-op	SN	6	-1.29	1.52	-1.09	0.092
		SNA	6	-0.55	1.63	-0.23	0.447
		SNB	6	-1.63	1.78	-0.86	0.074
	Post-op	ANB	6	1.50	1.80	0.85	0.097
		SN	6	-1.31	1.70	-0.96	0.118
		SNA	6	-0.04	0.83	0.12	0.901
Female	Pre-op	SNB	6	-0.07	1.13	-0.19	0.886
		ANB	6	0.15	2.67	-0.69	0.895
		SN	4	-1.84	1.66	-2.18	0.114
	Post-op	SNA	4	-1.17	1.62	-1.39	0.246
		SNB	3	-3.11	0.56	-3.35	*0.011
		ANB	4	1.99	1.95	1.71	0.134
Post-op	SN	4	-2.09	1.38	-1.99	0.057	
	SNA	4	-2.06	1.36	-2.32	0.057	
	SNB	4	-2.76	2.63	-2.60	0.126	
ANB	3	0.84	2.84	-0.41	0.660		

**Table 3. Comparison of Early Surgery Group to Published Control Values.**

<7 Surgery Group vs Controls		Z-Score			Significance	
		N =	Mean	SD	Median	p-value
Pre-op	SN	10	-1.51	1.51	-1.28	*0.012
	SNA	10	-0.80	1.57	-0.63	0.143
	SNB	9	-2.13	1.61	-1.90	*0.004
	ANB	10	1.69	1.77	1.35	*0.014
Post-op	SN	10	-1.62	1.55	-1.17	*0.009
	SNA	10	-0.85	1.44	-0.15	0.095
	SNB	10	-1.15	2.22	-0.48	0.137
	ANB	9	0.38	2.57	-0.41	0.669
Change	SN	10	-0.11	1.93	-0.05	0.862
	SNA	10	-0.05	1.15	0.06	0.887
	SNB	9	1.51	1.55	1.64	*0.019
	ANB	9	-1.51	2.74	-1.99	0.137

**Table 4. Comparison of Early and Late Surgery Groups.**

Comparing Age Groups		Age $\geq 7$				Age <7				p-value
		N =	Mean	SD	Median	N =	Mean	SD	Median	
Pre-op	SN	22	-1.66	1.35	-1.62	10	-1.51	1.51	-1.28	0.782
	SNA	22	0.04	1.67	0.12	10	-0.80	1.57	-0.63	0.189
	SNB	22	-0.23	1.67	-0.28	9	-2.13	1.61	-1.90	*0.007
	ANB	22	0.38	1.60	0.65	10	1.69	1.77	1.35	*0.045
Post-op	SN	21	-1.36	1.43	-1.75	10	-1.62	1.55	-1.17	0.651
	SNA	21	-0.41	2.03	-0.38	10	-0.85	1.44	-0.15	0.544
	SNB	21	0.58	3.91	0.00	10	-1.15	2.22	-0.48	0.208
	ANB	21	-0.49	1.88	-0.44	9	0.38	2.57	-0.41	0.305

## Conclusions

The early surgery group exhibited some abnormal pre-op measurements, but cephalometric analysis of long-term follow-up imaging revealed morphology falling within normal standard deviations. In our cohort, early endoscopic endonasal skull base surgery does not impact craniofacial development.

## References

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