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encrypted-media; gyroscope; picture-in-picture" allowfullscreen></iframe></html>
```

Essayed et al. from the Department of Neurosurgery, [Brigham and Women's Hospital](#), Harvard Medical School, Boston, Massachusetts, USA. presented a case of a [chondrosarcoma](#) centered in the [upper clivus](#) and eroding the right [posterior clinoid](#), analogous to the location of a giant [basilar apex aneurysm](#). Detailed study of the tumor extension, bony invasion, and relationship with neuroanatomy dictated the most effective surgical approach.

[Neuronavigation](#) and [intraoperative magnetic resonance imaging](#) (MRI) facilitated the [gross total resection](#) of the tumor in the [Advanced Multimodality Image-Guided Operating suite](#) (AMIGO). Achieving a gross total tumor removal of this World Health Organization (WHO) grade I chondrosarcoma, adjuvant irradiation can be withheld and the patient monitored with serial imaging. The patient did well after the surgery ¹⁾.

¹⁾

Essayed W, Mooney MA, Al-Mefty O. Transcavernous Resection of an Upper Clival Chondrosarcoma: "Cavernous Sinus as a Route": 2-Dimensional Operative Video. Oper Neurosurg (Hagerstown). 2021 May 3;opab043. doi: 10.1093/ons/opab043. Epub ahead of print. PMID: 33940624.

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