Anterior skull base lesion

Case series

A retrospective analysis of 58 consecutive patients who had surgery for a midline anterior skull base lesion between January 1994 and July 2003. Data were collected regarding pathology, surgical approach, reconstruction technique, and complications.

Twenty-nine patients underwent surgery for a meningioma (50%). The remainder had frontoethmoidal cancer, mucoceles/invasive nasal polyps, encephalocele, esthesioneuroblastoma, anterior falx dermoid cyst with a nasal sinus tract, or invasive pituitary neuroendocrine tumor. In most patients, a low and narrow two-piece biorbitofrontal craniotomy was used. When possible, the dura was repaired before entering the nasal cavity. Thirteen patients experienced a complication (22%). There was one case of postoperative cerebrospinal fluid (CSF) leak (2%), one case of meningitis (2%), two cases of bone flap infection (3%), and two cases of symptomatic pneumocephalus (3%). There were no deaths, no reoperations for CSF leak, and no patient had a new permanent neurologic deficit other than anosmia [1)].

Visual disturbance is a common presenting symptom of anterior skull base lesions. These lesions cause deterioration in visual acuity, restriction of the visual field, or reduction of ocular mobility. Common pathological entities that affect the skull base and involve vision include meningioma, pituitary neuroendocrine tumor, tumors of the bone, malignancy, and infection. Benign lesions are typically treated surgically with acceptable long-term results [2)].

Case reports

Krisht et al describe a rare case of intracranial extraaxial parafalcine and anterior skull base osteomas in a 22-year-old woman presenting with bifrontal headaches. This case highlights the possible occurrence of such lesions along the anterior skull base and parafalcine region that, as such, should be considered as part of the differential diagnosis for extraaxial calcific lesions involving the anterior skull base. To the authors' knowledge, this is the first reported case of a patient who underwent complete successful resection of multiple extraaxial osteomas of the anterior skull base and parafalcine region [3)].

1)
Kryzanski JT, Annino DJ, Gopal H, Heilman CB. Low complication rates of cranial and craniofacial approaches to midline anterior skull base lesions. Skull Base. 2008 Jul;18(4):229-41. doi: 10.1055/s-2007-1003924. PubMed PMID: 19119338; PubMed Central PMCID: PMC2467480.
2)
Hornyak M, Digre K, Couldwell WT. Neuro-ophthalmologic manifestations of benign anterior skull base lesions. Postgrad Med. 2009 Jul;121(4):103-14. doi: 10.3810/pgm.2009.07.2036. Review. PubMed PMID: 19641276.
3)
Krisht KM, Palmer CA, Couldwell WT. Multiple osteomas of the falx cerebri and anterior skull base: case report. J Neurosurg. 2015 Nov 20:1-4. [Epub ahead of print] PubMed PMID: 26587651.

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