

Basilar invagination with associated Chiari malformation

- [Surgical Treatment of Basilar Invagination without Evident Atlantoaxial Instability \(Type B\) - A Systematic Review](#)
- [Surgical Strategy Analysis of Chiari Malformation With or Without Type II Basilar Invagination According to the Morphological Types of the Atlanto-Occipital Joint: A Retrospective Study of 212 Patients](#)
- [The Association Between Clival Axial Angle and Distal Junctional Failure After Craniocervical Fusion](#)
- [Indications for Surgery and Surgical Options in Chiari Malformation: WFNS Spine Committee Recommendations](#)
- [Incidence and Management of Basilar Invagination With Associated Chiari I Malformation: WFNS Spine Committee Recommendations](#)
- [Craniovertebral Junction Anomalies: World Federation of Neurosurgical Societies Spine Committee Recommendations Overview](#)
- [Clinical and surgical characteristic of atlantoaxial reduction and fixation for patients with syringomyelia caused by atlantoaxial dislocation: retrospective study of 101 cases](#)
- [Chiari Malformation Type 2](#)

[Basilar invagination](#) and [Chiari malformation](#) are often seen together, as they can both cause compression of the same structures. The presence of both conditions can lead to more severe symptoms and may require more aggressive treatment.

Treatment for basilar invagination and Chiari malformation may include medications to manage symptoms, physical therapy to improve strength and coordination, and surgery to relieve pressure on the [brainstem](#) and spinal cord. The specific treatment plan will depend on the severity of the condition and the individual's symptoms.

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