

Cerebellopontine Angle Chordoma

see [Posterior fossa Chordoma](#).

Intradural [chordomas](#) are rare and can arise anywhere in the [posterior fossa](#). Lack of bony involvement on computed tomography and magnetic resonance imaging are indicative of this pathology when there is also a lack of markers indicating the presence of more common [cerebellopontine angle tumors](#). Treatment goals should include gross total resection and possible [radiation therapy](#) ¹⁾.

Chordomas in the skull usually arise from within the body of the [clivus](#), reputedly from notochordal remnants. The first case, which was diagnosed both with CT and MRI, had its origin from the [petrous bone](#), with extension into the left [cerebellopontine angle](#). Chordoma was not considered high on the list of differential diagnoses. A right pontine hemorrhage, which was evacuated surgically, was diagnosed in the second case both from its clinical appearance and from that on CT scan. Only when bone windowing technique was used with CT was a lytic lesion of the right petrous bone evident. Chordoma was only diagnosed on autopsy. In reviewing these two cases and the literature, it is evident that chordoma must be considered in the differential diagnosis of erosive lesions of the petrous bone ²⁾.

¹⁾

Goodarzi A, Toussi A, Lechpammer M, Lee D, Shahlaie K. Intradural Chordoma of Cerebellopontine Angle: Case Report and Review. World Neurosurg. 2017 Nov;107:1052.e11-1052.e16. doi: 10.1016/j.wneu.2017.08.124. Epub 2017 Sep 1. PMID: 28866065.

²⁾

Lipper MH, Cail WS. Chordoma of the petrous bone. South Med J. 1991 May;84(5):629-31. PMID: 2035086.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=cerebellopontine_angle_chordoma

Last update: **2024/06/07 02:51**

