

Clivus chordoma treatment

Treatment is en bloc surgical resection followed by high-dose conformal [radiation therapy](#) such as [Proton therapy](#) ¹⁾.

The management of chordomas of the base of the skull is particularly challenging as they lie adjacent to vital anatomic structures, such as the carotid and basilar arteries and the brain stem, which limits surgical access and resectability as well as delivery of high doses of radiation ^{2) 3)}.

The transnasal and [transclival approach](#) is for many chordomas a feasible and safe surgical access ^{4) 5) 6)}

Larger tumors, especially those with extensive intradural retrochiasmal and/or deep cervical expansion, are most often resected by open craniotomy. A large number of transcranial approaches have been described in the last decade ^{7) 8) 9)}

Staged procedures are also commonly used in the case of expansive tumor growth.

Koechlin et al. present the first case of a single-session combined transnasal and transcranial approach to radically resect a large clival chordoma. ¹⁰⁾

Endoscopic transnasal transclival approach

see [Endoscopic endonasal transclival approach for clivus chordoma](#).

Lateral transcondylar approach

see [Lateral transcondylar approach](#).

Bilateral Extreme Far Lateral Transodontoid Approach

Donoho DA, Bauer DF, Whitehead WE, Aldave G. Bilateral Extreme Far Lateral Transodontoid Approach for Resection of Large Chordoma in Clivus and Craniocervical Junction. Oper Neurosurg (Hagerstown). 2022 Mar 18. doi: 10.1227/ons.0000000000000151. Epub ahead of print. PMID: 35302960.

Complications

[Cerebrospinal Fluid Fistula](#).

¹⁾
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Holzmann D, Reisch R, Krayenbühl N, Hug E, Bernays R L. The transnasal transclival approach for clivus chordoma. *Minim Invasive Neurosurg*. 2010;53(5-6):211-217.

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6)

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Sen C, Triana A I, Berglind N, Godbold J, Shrivastava R K. Clival chordomas: clinical management, results, and complications in 71 patients. *J Neurosurg*. 2010;113(5):1059-1071.

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