

Petroclival tumor

Petroclival tumors remain a surgical challenge. Classically, the [retrosigmoid approach](#) (RSA) has long been used to reach such tumors, whereas the [anterior petrosectomy](#) (AP) has been proposed to avoid crossing [cranial nerves](#). The [endoscopic endonasal approach](#) has been “expanded” (i.e., EEEA) to the [petroclival region](#).

The EEEA should be preferred for extradural midline tumors ([chordomas](#), [chondrosarcomas](#)) or for cystic lesions when drainage is essential. The AP could be optimal for the radical removal of intradural vascularized tumors (meningiomas) with intrapetrous or supratentorial extensions. The RSA retains an advantage for small or cystic tumors near the [internal acoustic meatus](#). The skull base surgeon has to master all of these routes to choose the more appropriate one according to the surgical objective, the tumor characteristics, and the patient's medical status ¹⁾.

Petroclival meningioma

see [Petroclival meningioma](#)

¹⁾

Jacquesson T, Berhouma M, Tringali S, Simon E, Jouanneau E. Which Routes for Petroclival Tumors? A Comparison Between the Anterior Expanded Endoscopic Endonasal Approach and Lateral or Posterior Routes. *World Neurosurg.* 2015 Jun;83(6):929-36. doi: 10.1016/j.wneu.2015.02.003. Epub 2015 Feb 17. PubMed PMID: 25700970.

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