

Symptomatic irreducible [basilar invagination](#) has traditionally been approached through a [transoral-transpharyngeal](#) route with resection of the anterior portion of [C1](#) and the [odontoid](#). Modification of this exposure with either a Le Fort [osteotomy](#) or a [transmandibular](#) osteotomy and circumglossal approach has increased the access to pathological conditions in this region. These traditional routes all require traversing the oral cavity and accepting the associated potential complications.

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