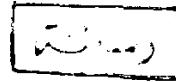


**SURGICAL APPROACHES TO  
PETROCLIVAL AREA  
ASSAY**

Submitted for Partial Fulfillment of The Master Degree

In  
E.N.T.



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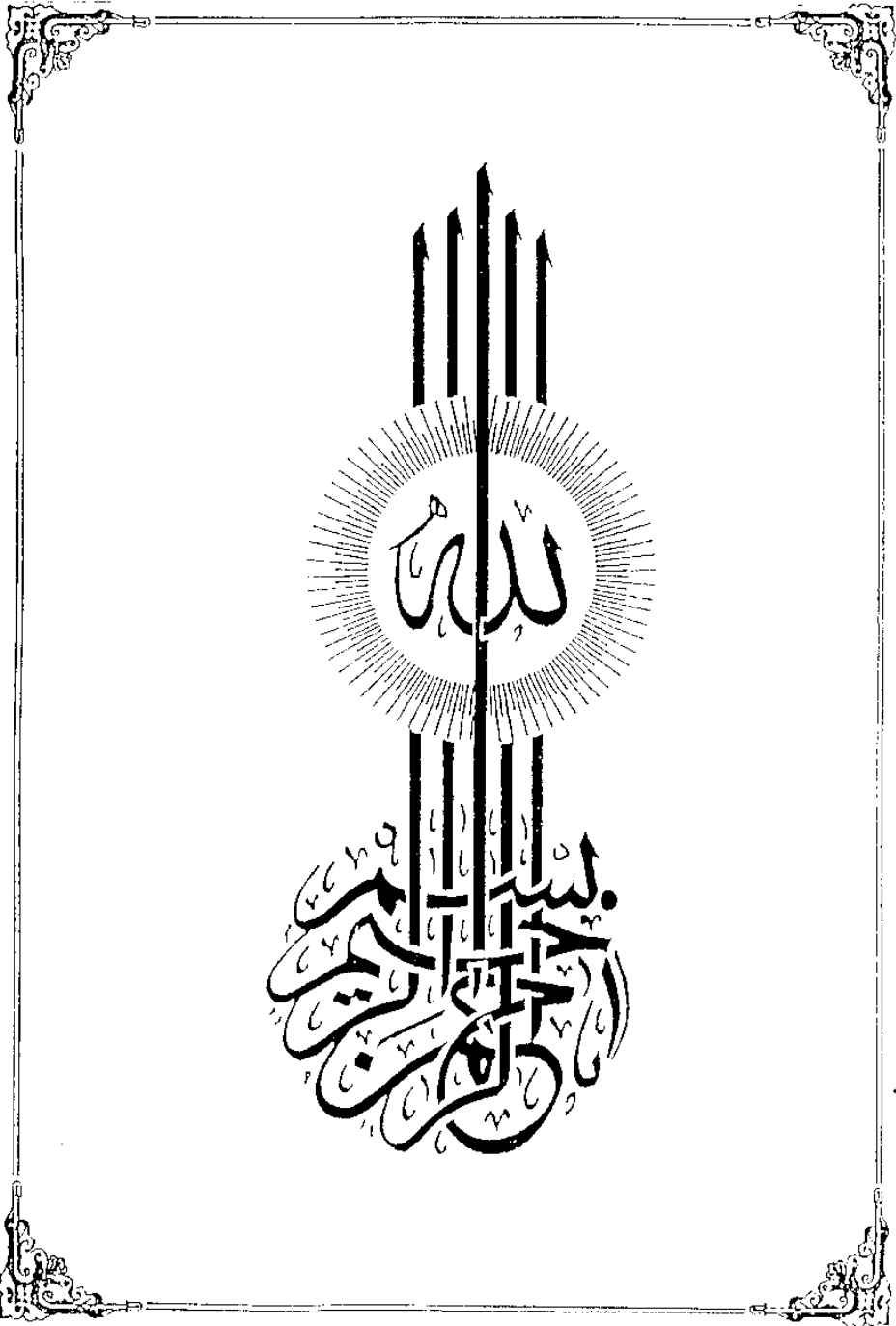
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1996







وَنفِي أَنْفُسِكُمْ أَفَلَا تُبْصِرُونَ

صدق الله العظيم

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*Surgical Approaches to  
Petroclival Area Assay*



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*Surgical Approaches to  
Petroclival Area* Essay





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Lesions of the clivus and/or petrous region represent a real surgical challenge, because of their critical location, access has always been the main problem in the surgical management of such cases (Sanna et al., 1994).

Various approaches, both frontal and lateral, have been used to gain safe and effective access to this area, however, all tended to be hampered by the difficult anatomy of the region and by the risk of injury to vital neurovascular structures, furthermore, some of the pathology encountered in this region was relatively uncommon and its treatment required not only experience, but also a constant effort to develop new techniques and refine currently available approaches (Canalis et al., 1991).

Several approaches or combination of approaches have been utilized to reach lesions of the clivus and petrous apex, these include for examples, Frontotemporal, Occipital - transtentorial, subtemporal - transtentorial, combined subtemporal and translabyrinthine, transcochlear and transclival approaches (Al - Mefty et al., 1988) .

There are basic surgical approaches to the posterior cranial Fossa, suboccipital, translabyrinthine, translabyrinthine - suboccipital, middle fossa, retrolabyrinthine, translabyrinthine - transtemporal, and middle fossa suboccipital (Glasscock et al., 1984).

Accordingly a surgical approach must be chosen fulfills each of the following requirements : provide adequat exposure for complete excision or allow easy access to an exteriorized cavity, preserve facial

nerve and other cranial nerve functions when possible. preserve the internal carotid artery, avoid hazard to the brain stem, provide for wound closure without cerebrospinal fluid leak (Flood and Kemink, 1984).

Detailed radiological studies are crucial for surgical planning, contrast enhanced CT Scans and MRI, in coronal, sagittal, and axial views, are obtained preoperatively for complete definition of the tumor, its location, extension, relation to the brain stem, and involvement of the cavernous sinus and the temporal bone, an audiogram is obtained preoperatively (Al- Mefty, 1993) .