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TRANSORAL DECOMPRESSION WITH SHORT SEGMENT CRANIOCERVICAL FIXATION

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Resumen

Over the last two decades indications for transoral decompression have become less frequent. Today they are largely limited to congenital skull base disorders producing myelopathy. Less frequent are rare inflammatory disorders and neoplastic conditions. Endoscopic techniques may provide an advantage to traditional microsurgical approaches, but familiarity with surgical corridors and boundaries remains the holy grail of neurosurgical intervention. Indications, anatomy, and biomechanics of odontoid resection will be reviewed in the context of post-decompression short-segment craniocervical fixation, illustrated by case examples.