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C-0176 - SEPTALRHINOPHARYNGEAL FLAP: A NOVEL TECHNIQUE FOR SKULL BASE RECONSTRUCTION AFTER ENDOSCOPIC ENDONASAL CLIVECTOMIES

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Resumen

Objectives: Endoscopic endonasal reconstruction techniques have improved csf leak rates initially reported. However wide surgical defects still pose a problem, especially if located at the clival region. The septal rhinopharyngeal flap (SRF) has been specifically designed to address this issue.

Methods: The SRF is formed by three components of mucose: 1) septal, 2) rhinopharyngeal roof and 3) rhinopharyngeal posterior wall which allows for the coverage of tuberculum/sellar region, mid-clivus and lower clivus respectively. A step-by step procedure is described and its results analysed on cases where it has been used.

Results: The SRF was performed in 8 patients (4 chordomas, 2 petroclival meningiomas, 1 invasive pituitary adenoma and 1 chondrosarcoma). The size of the flap was considered optimal in all patients (100%), completely covering the mid-clival module. Postoperative MRI revealed enhancement of contrast all over the surface of the flap. No CSF leaks were encountered after at least 1 postoperative year.

Conclusions: The SRF is a novel vascularised reconstruction technique specially indicated for wide endosanasal clivectomies focused on the middle clivus with caudal extension into the lower clivus and craniocervical junction, as well as rostral extensions into the tubercular or planum sphenoidale.