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C0347 - CRANIAL SETTLING (BASILAR INVAGINATION) CORRECTIVE SURGERY; (DIRECTOR&RSQUO;S CUT)

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Resumen

Objectives: Surgical correction of basilar invagination demands a staged plan. In this communication we are willing to display the method we set up at our department hospital. The specific sagittal balance gains out of every phase in our method are shown and depicted.

Methods: We present a single case of a 28 year old woman diagnosed with giant basilar invagination. The patient first underwent a halo vest traction period followed by EEA odonoidectomy. After that, a second halo vest traction stage gave the patient complete restoration of a non pathological sagittal balance in the cranioverterbral junction. At this point, a cervical posterior approach for instrumentation was peformed. A late halo vest traction period layed down the spinal balance improvement.

Results: No complications directly related to our plan were registered. Proper evolution was recorded in the acute postodontoidectomy time in the ICU. Unluckily, a fungal pneumonia compromised the subject after returning to the Neurosurgery Department ward and a second ICU stay was needed. After an over 6 month follow up, no signs of sagittal balance distortion have been observed. The patient has not required any kind of cervical bracing since the staged treatment plan was completed.

Conclusions: Basilar invagination, aka cranial settling, can be safely treated. It demands a surgical plan which stages have to be brought in depending on sagittal balance correction degrees.

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