Skull base

The skull base is an important and challenging area for surgeons. Success in skull base surgery depends on various factors such as pre-operative evaluation, appropriate surgical technique, anesthesia duration, intraoperative neurophysiological monitoring and wound care.

The base of skull is the most inferior area of the skull, composed of the endocranium and lower parts of the skull roof.

Anterior skull base
Midline skull base
Posterior skull base
Ventrolateral skull base

see Skull base surgery
see Skull base trauma.

The anatomy of the skull base is complex with multiple neurovascular structures in a small space. Understanding all of the intricate relationships begins with understanding the anatomy of the sphenoid bone, cavernous sinus, clivus.

The cavernous sinus contains the carotid artery and some of its branches; cranial nerves III, IV, VI, and V1; and transmits venous blood from multiple sources.

The clivus protects the brainstem and posterior cranial fossa. A thorough appreciation of the anatomy of these various areas allows for endoscopic endonasal approaches to the skull base.

Understanding the normal imaging appearance of skull base reconstruction is important for accurate postoperative interpretation and delineation between normal reconstructive tissue and recurrent neoplasm.
