

**PETROUS APEX WITH JUGULAR FORAMEN EXTENSION CHONDROSARCOMA TOTALLY RESECTED USING KAWASES'S APPROACH**

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Kawase's approach is ideally suited to addressing lesions that involve the middle fossa near CN V, the petrous apex and the middle third of the clivus. When a chondrosarcoma affects the jugular foramen a different approaches are considered. Objective: To present a case of chondrosarcoma of the petrous apex with jugular foramen extension which was totally resected through Kawase's approach. A 25-year-old woman, in good health, presented to the Department of Neurological Surgery (Skull Base Surgery Unit) at HMV with a history of right abducens palsy four months ago and difficulty swallowing food and hoarseness for one month. Imaging demonstrated the presence of a heterogeneously enhancing lesion arising from the right petrous apex and extending to the jugular foramen. The patient was taken to the operating room for an anterior petrosectomy approach. Right temporal craniotomy was performed with zygomaticotomy on the same side. The preoperative coronal temporal bone CT showed bone pneumatization on the surface of Kawase's triangle. Through this approach, the tumor was totally resected. The patient had no postoperative neurological disability and swallowing and hoarseness improved in the immediate post-op. Abducens nerve palsy did not improve. MRI in the first 24 hours post-surgery showed total tumor resection. Pathological analysis and immunohistochemistry were consistent with a chondrosarcoma. Conclusion: Chondrosarcomas are indolent but recurrent tumors. The goal of treatment is radical resection, and advances in microsurgical skull base techniques have improved surgical excision. When the tumor in the petrous apex enlarges the skull base and reaches the jugular foramen, Kawase's approach could be enough to resect the tumor without morbidity.