Skull Base Chordomas

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Chordomas remain one of the most intriguing and challenging neoplasms. Owing to their rarity, unpredictable behavior, and resistance to treatment, controversy surrounds their origin, diagnosis, and the methods of treatment. There are relatively few previous series, or the studies span many years during which diagnostic and therapeutic methods have evolved or changed. The advent of skull base surgery made radical resection possible, and it redefined the role of surgery. The current advances in neuroimaging and neuronavigation have further enhanced what can be achieved surgically. Accumulated experience attests to the role of stereotactic high-dose radiotherapy, particularly proton-beam radiotherapy. Radiosurgery has been performed in a limited number of patients, but we await documentation of its role and effectiveness.

Chordomas have unique biological characteristics. Despite their usual pathologically benign appearance, they are definitively invasive and vary widely in their course and response to treatment. Hence, in-depth tumor biology and cytogenetic studies will hopefully answer many of their mysteries.

The dedication of this issue to chordomas is very timely. Herein are review articles in which the clinical, diagnostic, and therapeutic modalities are addressed. This issue also contains articles on the role and description of less commonly used procedures. Finally, there are major series treated in the modern era with long-term follow-up results that define the disease, the prognostic factors, and outcomes.

I hope the readers find the current issue informative, enlightening, and stimulating.