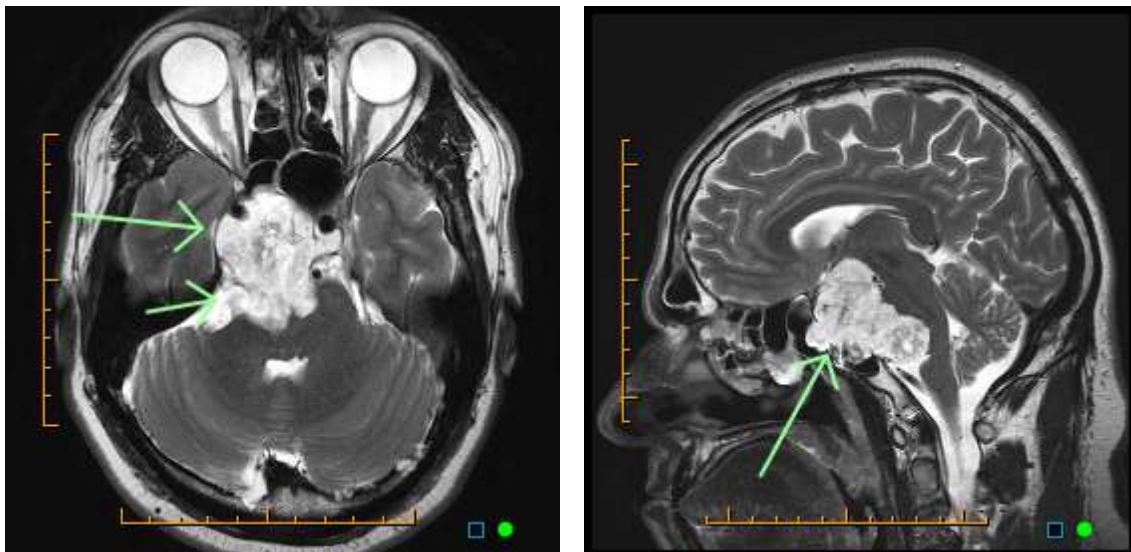


## CLIVAL CHORDOMA

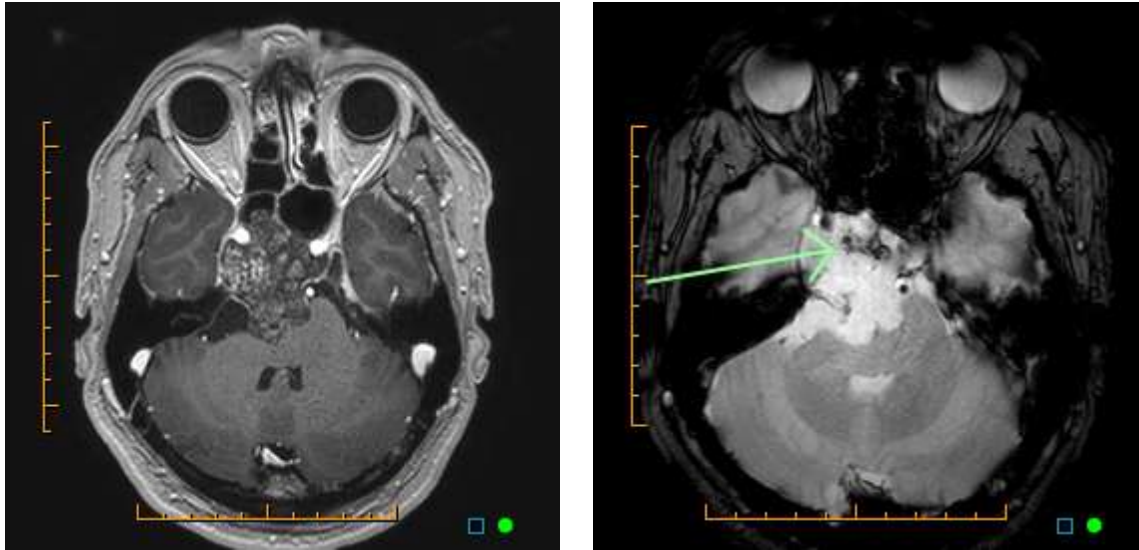
Patient presents with right facial numbness, suggesting trigeminal neuropathy.

Axial and sagittal T2 images below show a 5cm lobulated mass ( large arrows) centred upon the clivus. Tumour deforms the brainstem and on the right contacts the trigeminal nerve (small arrow).



There is patchy enhancement within the tumour (below left).

Areas of low signal within the lesion on T2\* imaging (arrow below right) may represent calcification and remnants of destroyed / eroded bone or foci of haemorrhage.



Clival chordomas (35% of chordomas) are rare malignant tumours arising from the cranial end of the primitive notochord. Chordomas can also occur in the sacrum/coccyx (50%) and within vertebral bodies (15%).

Mean age of presentation is 30-50 years, usually with headache and cranial neuropathy.

Males are affected more than females.

Complete surgical excision is the treatment of choice, but this is often not possible due to large size at presentation and involvement of multiple spaces (eg cavernous sinus in this case).

Adjunct radiotherapy is also used and local recurrence is common.