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Nota di contenuto	Embriological bases of CVJ diseases -- Anatomic implications for surgical indications.-Biomechanics of CVJ -- Cadaver lab for surgical training in CVJ diseases -- Cadaver lab for surgical training in CVJ diseases 1) New perfusion and fixation techniques -- Cadaver lab for surgical training in CVJ diseases -- The use of neuronavigation and intraoperative experimental CT -- Preoperative Neuroradiological investigation in CVJ diseases -- Preoperative Neurophysiological assessment in CVJ diseases -- Preoperative and intraoperative traction techniques in CVJ -- Neurophysiological monitoring in operating room for CVJ surgery. What's new -- Neuroradiological monitoring in operating room for CVJ surgery. What's new -- O arm for CVJ surgery -- Neuronavigation, tractography and virtual fluoroscopy in CVJ surgery -- Videoassisted approach to the CVJ: an update -- Transnasal approach to the CVJ: an update -- Transoral approach to the CVJ: an update -- Transcervical approach to the CVJ: an update -- Extreme lateral approach to the CVJ: an update -- Far lateral approach to the CVJ: an update.- Retropharyngeal paramidline approach to the CVJ: an update -- Combined approaches to the CVJ: an update -- Extended endoscopic approach to the CVJ: an update -- Extended microsurgical

approach to the CVJ: an update -- CVJ instrumentation and fusion procedures: the History -- Wiring vs screwing in CVJ: still a duel? -- The Goel fusion -- The Harms Fusion -- The lateral Masses fusion -- Anterior C1 – C2 fusion -- Odontoid fusion -- The Occipitocervical fusion -- Occipitocervical or short cervical instrumentation: which is the best in CVJ diseases? -- The External Orthosis -- Special Issues in CVJ surgery: trauma -- Special Issues in CVJ surgery: inflammations -- Special Issues in CVJ surgery: tumors.- Special Issues in CVJ surgery: vascular malformations -- Special Issues in CVJ surgery: congenital and dysgenetic diseases -- Special focus on Chiari: a new revolution? -- Special focus on syringomyelia: a new revolution? -- Challenging cases: how to deal with the nightmare -- New Trends in CVJ lesions rehabilitation. Modern Neuromodulation.

Sommario/riassunto

This issue of Acta Neurochirurgica presents the latest surgical and experimental approaches to the craniovertebral junction (CVJ). It discusses anterior midline (transoral transnasal), posterior (CVJ craniectomy laminectomy, laminotomy, instrumentation and fusion), posterolateral (far lateral) and anterolateral (extreme lateral) approaches using state-of-the-art supporting tools. It especially highlights open surgery, microsurgical techniques, neuronavigation, the O-arm system, intraoperative MR, neuromonitoring and endoscopy. Endoscopy represents a useful complement to the standard microsurgical approach to the anterior CVJ: it can be used transnasally, transorally and transcervically; and it provides information for better decompression without the need for soft palate splitting, hard palate resection, or extended maxillotomy. While neuronavigation allows improved orientation in the surgical field, intraoperative fluoroscopy helps to recognize residual compression. Under normal anatomic conditions, there are virtually no surgical limitations to endoscopically assisted CVJ and this issue provides valuable information for the new generation of surgeons involved in this complex and challenging field of neurosurgery.
