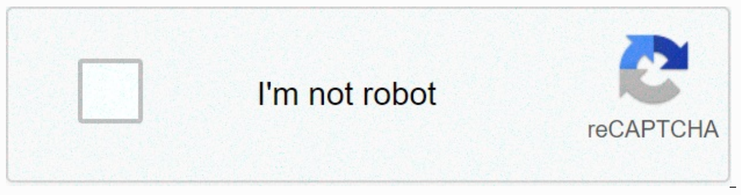

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Base of the skull pain

Back pain affects countless Americans, but there are plenty of treatment and therapy options to help. Learn about the causes of back pain and what you can do to reduce the pain. Ad Ad Ad Many people are in pain during and after cancer treatment. It can help to know that cancer pain can usually be treated successfully. Learn about the causes of pain and how it can be handled. Types of pain and how to discuss them with your doctor Ways to relieve pain and common concerns Self-care and other support options Download ASCO free booklet, Manage cancer-related pain in English and in Spanish. This 36-page printable PDF provides information on the importance of pain relief, including the causes, how it is diagnosed, and types of pain relief strategies. It also includes a pain tracking sheet to help patients record how pain affects them. Order printed copies of the booklet in English from the ASCO Store. Facebook Twitter Linkedin Pinterest Brain Tumor Treatment Neurology Brain, Nerves and Spine Brain Tumor What You Need to Know Skull base consists of several bones that form the base of the head and bony back behind the eyes and nose. Many different types of tumors can grow in this area. They are more likely to cause symptoms and be diagnosed when they grow large enough to put pressure on the brain. Treatment of skull base tumors is challenging because they can grow deep inside the skull and near critical nerves and blood vessels in the brain, head, neck and spinal cord. Skull base tumors most often grow inside the skull, but sometimes form on the outside. They can originate from the skull base as a primary tumor or spread it from a cancer elsewhere in the body like a metastatic brain tumor. Skull base tumors are classified by tumor type and location in the skull base. In the anterior part of the skull base (anterior cranial fossa), containing the eye sockets and sinuses, the following tumors are more likely: the central compartment of the skull base (middle cranial fossa) contains sella turcica, a saddle-shaped legular structure in the skull base where the pituitary gland is located. Tumors that occur in this area are called sellar tumors, and may include: Pituitary adenomas Craniopharyngioma Rathkes cleft cyst On the back of the skull base (posterior cranial fossa), the following tumors are more common: Acoustic neuroma Chondrosarcoma Chordoma Epidermoid tumor Meningioma Chondromas are very rare benign tumors made of bone cartilage found in the skull. Both the skull base and paranasal sinuses contain cartilage. Chondromas can develop in this cartilage, usually in people between 10 and 30 years of age. These tumors grow slowly, but eventually can cause the bone to burst or grow too much, creating pressure on the brain. In rare cases, chondromas may develop into a cancer called chondrosarcomas. Although each individual may experience symptoms differently, when a chondroma develops, it can lead to visual changes or headaches. Diagnosis of a chondroma may include imaging studies such as X-ray, CT scan or MRI to determine the size and location of the tumor. Encephaloceles Encephaloceles are sac-like protrusions of a part of the brain and are meninged through openings in the skull. These rare birth defects occur when the neural tube, in which the brain and spinal cord are formed, does not close completely during fetal development. Skin or, less often, a thin membrane, covers the matter outside the skull. Encephaloceles can occur at the base of the skull, the top or back of the skull, or between the forehead and nose. Conditions associated with encephalomas include hydrocephalus (excess accumulation of cerebrospinal fluid in the brain), developmental delays, microcephaly (an abnormally small head), paralysis and seizures. When an encephalomia occurs, it can cause some or all of the following symptoms: Headache Nose Draining Meningitis Visual Disorders Tinnitus Diapsions Include an analysis of the nasal fluid for a protein called beta-2 transferrin that is mostly found only in cerebrospinal fluid. CT and MRI scans may also need to determine the location and severity of the leak. Hemangiopericytoma Hemangiopericytomes are rare tumors involving blood vessels. They are most common in the legs, pelvic area, head, neck and brain. Hemangiopericytomas are often painless masses with few or no symptoms. Most hemangiopericytomes are found in soft tissues, but can occur in the skull base, nasal cavity and paranasal sinuses. These tumors can be benign or malignant; cancer of hemangiopericytomes can spread to bones, lungs or liver. In addition to a complete medical history and physical examination, diagnostic procedures for hemangiopericytomes can include X-rays, CT scans or MRI to determine the size and location of the tumor. Hemangiopericytoma treatment involves surgery, involving either a craniotomy or an endonasal endoscopic procedure. The surgeon may recommend treatment with radiation or chemotherapy after surgery to increase the chances of a good result. Skull Base Nasopharyngeal Angiofibroma Nasopharyngeal angiofibroma, also known as juvenile nasopharyngeal angiofibroma, is a benign tumor of the nose commonly found in young boys. Nasopharyngeal angiofibromer spread into areas around the nose, causing symptoms such as a stuffy nose and bleeding from the nose. Skull Base Osteoma Osteomas are benign bony outgrowths (new bone growth) mostly found on the skull and facial bones. If the bone tumor grows on another bone, it is called homoplastic osteom. If it grows on tissues, it is called etheroplastic osteoma. Skull base osteomas are slow growing and generally cause no But big cheese omes in some some may cause problems with breathing, vision or hearing. Petrous Apex Leions Petrous apex lesions are abnormalities that occur at the tip of the bone in the skull next to the middle ear. The most common type of petrous apex lesion is benign cholesterol granulomas, which are cysts. Other petrous apex lesions include cholestatomas, petrous apicitis, petrous apex effusion, and bone cancer. Most petrous apex lesions are benign. However, patients with other types of cancer may develop metastatic petrousapex lesions, which are malignant tumors that originate as cancer elsewhere in the body and then spread to the brain. Symptoms appear slowly as the tumor grows and puts pressure on vital structures of the brain such as the pituitary, optic nerve and carotid arteries. Specific symptoms depend on the type, location and size of the tumor. For example, tumors involving the skull base and nose can affect breathing and sense of smell. Some tumors of the pituitary gland can affect vision and swallowing. In general, common symptoms of skull base tumors include: Headache Breathing Difficulties Altered sense of smell Blurred or double vision Problems with swallowing hearing loss Other symptoms may include: Loss of balance Nausea and vomiting Memory loss What are the risk factors for the skull base tumor? There are no obvious causes for the development of skull base tumors. Risk factors may include: Prior head radiation therapy to treat an infection of the scalp, or tumors of the head, neck or brain Exposure to chemicals including vinyl chloride, arsenic and herbicides Certain genetic conditions [[sharon]] Johns Hopkins Medicine Virtual Advisors (Virtual Advisors) are a group of individuals who share their insights about Johns Hopkins' care experience. One to two times per month, Virtual Advisors receive a link to short, interactive surveys. All answers are confidential. Diagnosis of skull base tumors starts with a physical exam including questions about your symptoms, and personal and family health history. A neurological exam will check vision, hearing, balance, coordination, reflexes and ability to think and remember. Brain imaging may include: Magnetic resonance imaging (MRI) Computed tomography (CT or CAT scan) Bone scan, in which radioactive material is injected into your bloodstream. The tumor absorbs the material and a special camera is used to produce an image using a computer. In this way your doctor can find the bone tumor and detect any spread of cancer in other organs. Positron emission tomography (PET) scans that can detect changes in cells as they grow. Often used in conjunction with a CT, a PET/CT identifies tumor cells injected with a radioactive glucose so that they can be compared to normal parts of the brain. Endoscopy, which uses a thin, illuminated instrument to examine the nasal passages. When a skull base tumor is The next course of action is recommended by a team of specialists working together to determine and perform the most appropriate procedure for each patient. Treatment for skull base tumors and conditions may include any combination of observation, surgery and radiotherapy depending on: The location of the tumor the extent of the tumor and whether it is benign or malignant Your overall health and preferences regarding potential treatment options Observation For a small skull base tumor that does not cause any significant symptoms, your doctor may recommend observation. If time passes and the tumor does not grow or affect your function, you may not need further treatment. Surgery There are a number of surgical approaches to treat skull base brain tumors, including craniotomy. Most patients with skull base tumor (about 90 percent) can be treated with less invasive endoscopic endonasal surgery. These procedures help the surgeon access tumors through the nose and remove them without having to make large incisions across the face or skull. Other minimally invasive approaches can reach tumors in the brain or skull base through a small incision in the eyebrow or behind the ear: Minimally invasive retro-sigmoid craniotomy (keyhole brain surgery) Minimally invasive supra-orbital eyebrow craniotomy If the patient's tumor is benign and in a part of the skull base where neurosurgeons can safely remove it completely, surgery may be the only treatment needed. Diagnosed with a malignant skull base tumor declared useless by other surgeons, Sofia, a Connecticut teenager, came to Johns Hopkins and had the tumor removed with a transnasal endoscopic approach. Approach.

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